MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97) Reg. Dist. No. 35

CERTIFICATE OF DEATH

07729

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town White Hall Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 7yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town White Hall Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME** Priscilla Elizabeth Almony

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or ~~wife~~ James F. Almony

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 13 - 1864

8. **AGE:** Years 75 | Months 6 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace West Liberty Balto Co Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Rutledge
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Eliza Silk
15. Birthplace Pa

16 (a) Informant Mrs. Edwin Burns
(b) Address White Hall Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12th (month) (day) (year)
(c) Cemetery or crematory West Liberty
Location White Hall R. F. D.

18 (a) Funeral director P. Markley Burns
(b) Address White Hall Md

19 (a) Aug 11 39 (Date rec'd by registrar) (b) W. Bortner M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 10th 1939, at 3:10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1938, to Aug 10 1939, and that I last saw him alive on Aug 9 1939.

Immediate cause of death	Duration
Arterio Sclerosis	3 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Wilmer Bortner M.D. (M. D. or other)

Address White Hall Date signed Aug 11, 39

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SEP 5 1939
BUREAU V. S.

07730

STATE OF MARYLAND—CERTIFICATE OF DEATH

92-01

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 37

Village or City Lutherville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lida C. Amos If U. S. Veteran, specify WAR

(a) Residence: No. Lutherville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Whitridge Amos

6. DATE OF BIRTH (month, day, and year) Apr. 14, 1859

7. AGE Years 80 Months 3 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) Jan. 1928

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Timonium, Balto. Co., Maryland

FATHER

13. NAME Samuel Collings

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER

15. MAIDEN NAME Eliza Jane Hammil

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) C. Whitridge Amos Lutherville Balto. Co., Md.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place London Park Cem. Date Aug 10, 1939

19. UNDERTAKER (Address) Landon M. Brooks Sparks Maryland

20. FILED Aug. 9, 1939 Wm. J. Chilcoat Dept Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Aug 8, 1939

I last saw her alive on Aug 7, 1939; death is said to have occurred on the date stated above, at 10:09 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia -	8-6-39
Valvular heart disease -	unk.

Other Contributory Causes of importance:

Senility	1938
Arteriosclerosis, Genl & Cerebr.	unk.

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Bennett A. Stone M. D.

(Address) Lutherville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 2 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (746)

07731

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County Balto

City or town Pikesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1 Pikesville Rd & Mt Wilson Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town 1 Pikesville Rd. Ward No. 3rd Dist

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Pikesville, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME William Archibald

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1881.

8. AGE: Years 58 Months Days If less than one day hrs. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Gardner.

11. Industry or business

FATHER 12. Name John Archibald.

13. Birthplace unknown.

MOTHER 14. Maiden name Indiana Hook.

15. Birthplace Md.

16. Informant Ella Kane.

Address 1512 E. Fort Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 18-1939 (month) (day) (year)

Cemetery or crematory Cedar Hill Cem

Location Arundel Co. Md.

18. Funeral director Frank H. Newell.

Address Pikesville Md

19. Aug. 17 1939 (Date rec'd by registrar) Wm. E. E. Nichols Registrar

MEDICAL CERTIFICATION 9-15

20. DATE OF DEATH Aug 15th 1939, at P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, and that I last saw h alive on 19

Immediate cause of death was heart disease probably Coronary thrombosis

Due to dried in Auto on way to St Jos Mill

Due to office

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. E. Wyse Dept P.M. Rex M. D. or other

Address Pikesville Md Date signed 8-15-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(T)

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (39) Reg. Dist. No. 43

07732

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 716 Elmwood Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 Elmwood Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Mary Grace Armstrong

3 (b) If veteran, name war:

3 (c) Social Security No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife: J. Ellwood Armstrong

6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Feb. 10, 1880

8. AGE: Years	Months	Days	If less than one day
59	5	19	____ hr. ____ min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: In own home

FATHER
12. Name: Wesley Thomas
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Mary E. Roberts
15. Birthplace: Maryland

16 (a) Informant: Miss Edna Armstrong
(b) Address: 716 Elmwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1939 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director Fredk. Lansdale Sons
(b) Address 7401 Belair Road

19 (a) 8/9/39 (Date rec'd by registrar) (b) Mrs. G. A. Fenty, Actg. Registrar

MEDICAL CERTIFICATION

20. Date of death August 8, 1939, at 3:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15, 1939, to Aug. 8, 1939, and that I last saw her alive on Aug. 8, 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	15 hrs.
Due to Arteriosclerosis & Hypertension.	15-20 yrs.
Due to Diabetes Mellitus	1½ yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Wilkinson
A. L. Wilkinson, M. D. or other
Address 5713 Bel Air Rd. Date signed 8-9-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (144)

CERTIFICATE OF DEATH

07733

Reg. Diat. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:

County Balto

City or town Towson Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Linden Terrace

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto

City or town (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. 105 Linden Terrace (If rural give LOCATION) Towson Md.

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mrs Nancy E. Atkin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Murry Atkins

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) March 28 - 1918

8. AGE: Years 21 | Months 5 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Maybrook Va. (Town, county, and state)

10. Usual occupation at Home.

11. Industry or business

FATHER

12. Name Frederick Fy Stiff

13. Birthplace Maybrook Va

MOTHER

14. Maiden name Hattie Porterfield Stiff

15. Birthplace Maybrook Va.

16. Informant William E. Stiff

Address 3708 Glenmore Ave. Baltimore Md

17. Pembroke Cem. (Burial, cremation, or removal. Which?) Date thereof Sept 1 1939 (month) (day) (year)

Cemetery or crematory Maybrook Cem.

Location Maybrook Va.

18. Funeral director John Burns Sons.

Address Towson Md.

19 (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30th 1939, at known HR

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from ____ 19__, to ____ 19__

and that I last saw h____ alive on ____ 19__

Immediate cause of death Suicide, by

by gas from open

Influence of gas range

Due to Cerebral Hemorrhage,

Due to Meningeal

had been failing in

Other conditions 3 months Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

~~Accident~~, suicide, ~~or homicide~~ Date of 8-30-39

Where did injury occur? Towson (City or town) Balto (County) Md (State)

Injured at home, farm, industry, public place (where?) in her home

Means of injury Suicide Injured at work? No

23. SIGNATURE W. P. O. Nyce Dept P.M.Ex.

M. D. or other

Address Pikesville Md Date signed 8-30-39

RECEIVED
OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07734

(92-a)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Towson No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William I Ayres

(a) Residence: No. 365 Endowood Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maggie Ayres

6. DATE OF BIRTH (month, day, and year): Dec 30th

7. AGE: 52 Years 1887 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Grooman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co.

FATHER

13. NAME: David Ayres

14. BIRTHPLACE (city or town) (State or country): Balto. Co.

MOTHER

15. MAIDEN NAME: Jane Hawkins

16. BIRTHPLACE (city or town) (State or country): Balto. Co.

17. INFORMANT (Address): Maggie M. Ayres 365 Endowood Ave

18. BURIAL, CREMATION, OR REMOVAL: Balto Co

Place: Mt Fine Cemetery Date: Aug 9, 1939

19. UNDERTAKER (Address): Archibald A Guddis 2101 McCulloh St.

20. FILED: Aug 9, 1939 D. Carroll Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 7th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1939, to Aug 7th, 1939

I last saw him alive on August 1st, 1939; death is said to have occurred on the date stated above, at 1.30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	8/7/39
Other Contributory Causes of importance:	
Chronic Myocarditis	Mch
Chronic Arteriocarditis	1939
Enlarged, Hypertrophied Heart	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Daniel of St. Thos. Jenifer M. D.

(Address) Towson Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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SEP 4 1939
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07735

1. PLACE OF DEATH

County Balto Co Md. (95-B) Registration Dist. No. 44

Village or City Chase Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Archibald Beardsley If U. S. Veteran, specify WAR

(a) Residence: No. Ebenezer Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida L. Beardsley.

6. DATE OF BIRTH (month, day, and year) Dec. 14-1862

7. AGE Years 76 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Patterson (State or country) N.J.

FATHER

13. NAME Isaac Beardsley.

14. BIRTHPLACE (city or town) N.J. (State or country)

MOTHER

15. MAIDEN NAME Martha Watson

16. BIRTHPLACE (city or town) N.Y. (State or country)

17. INFORMANT Ida L. Beardsley. (Address) Chase Md.

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Date 8/28 1939

19. UNDERTAKER Leonard Murch (Address) 305 Harford Rd

20. FILED Aug 27th, 1939 John L. Connelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 25 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw him alive on 8/25/39, 19 ; death is said to have occurred on the date stated above, at 5:40 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
PULMONARY HEMORRHAGE	
Not tuberculosis. C.V.D.	

Other Contributory Causes of importance: ARTERISCLEROTIC C.V. DISEASE; Cardiac decompensation

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Kennedy Waller M. D.

(Address) Easton near Mass

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Dr Davies

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 4 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-2) Reg. Dist. No. 32

CERTIFICATE OF DEATH

07736

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Brooklandwood (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 35 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Brooklandwood (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Mary Catherine Beck

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Otis Eugene Beck

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 13, 1886

8. AGE: Years 53 | Months 2 | Days 26 | If less than one day ____hr. ____min.

9. Birthplace Harford Co. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Dennis Sullivan

13. Birthplace Ireland

14. Maiden Name Unknown

15. Birthplace Ireland

16 (a) Informant J.E.Beck
(b) Address 316 W.Lorraine Ave.Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug.14,1939 (month) (day) (year)
(c) Cemetery or crematory St.Josephs Cem.
Location Baltimore, Co.

18 (a) Funeral director J.F.Eline & Sons
(b) Address Reisterstown, Md.

19 (a) 8/12/39 (Date rec'd by registrar) (b) Mrs. E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death 8/11/39, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/ /1939, to 8/11/1939, and that I last saw him alive on 8/10/1939.

Immediate cause of death	Duration
Coronary Thrombosis	15 minutes
Due to Myocarditis chronic	
Due to Hypotension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James L. Sullivan M. D. or other
Address Reisterstown, Md. Date signed 8/11/39

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07737

1. PLACE OF DEATH (94B)

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. 188 German Hill Rd. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME ROBERT F. BECKER

(a) Residence: No. 188 German Hill Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie S. Becker

6. DATE OF BIRTH (month, day, and year) March 25.1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Carl Becker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Pauline ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles Becker (Address) 110 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Carmel Date Aug. 22nd, 1939

19. UNDERTAKER HENRY SANDER & SONS. INC. (Address) Baltimore & Broadway.

20. FILED 8/21, 1939 Milton M. Munson Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8/18/39, to 8/18, 1939

I last saw him alive on 8/18, 1939; death is said to have occurred on the date stated above, at 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	½ hour

Other Contributory Causes of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Goodman M. D.

(Address) 3400 E. Balt St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requests U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED AUG 24 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(6).

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-8) Reg. Dist. No. 44

CERTIFICATE OF DEATH

07738

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Frank Belsky

3 (b) If veteran, name war

3 (c) Social Security No. 215-03-8811

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Balto, Md. New York City
(Town, county, and state)

10. Usual occupation Seaman.

11. Industry or business Holyoke Ice Plant.

FATHER
12. Name Anton Belsky
13. Birthplace Czechoslovakia.

MOTHER
14. Maiden Name Posjsil.
15. Birthplace Czechoslovakia.

16 (a) Informant Anton Belsky
(b) Address Wilson Pt. Rd. Middle River

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 23 1939 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer,
Location Belair Rd.

18 (a) Funeral director C. P. Schumacher
(b) Address 2603 E. Fayette St.

19 (a) Aug 22-39 (Date rec'd by registrar) (b) John P. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 19 1939, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1939, to Aug 19 1939, and that I last saw him alive on Aug 18 1939.

Immediate cause of death	Duration
Coronary thrombosis	Instant
Due to Arterio-Sclerotic Cardio Vascular Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. M. Baumgardner M.D.
M. D. or other
Address Rosedale Md. Date signed 8/19/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07739

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (59)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 113 Winters — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary J. Bennett — If U.S. Veteran specify WAR ___

(a) Residence: No. 113 Winters — St., — Ward. ___

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. COLOR OR RACE: Col. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry Bennett

6. DATE OF BIRTH (month, day, and year): Oct. 12 1870

7. AGE — Years: 68 — Months: 10 — Days: 9 — If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Cook

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ___

10. Date deceased last worked at this occupation (month and year): ___

11. Total time (years) spent in this occupation: ___

12. BIRTHPLACE (city or town) (State or country): St. Mary Co Md

FATHER

13. NAME: Wm. H. Watts

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Adline Wortz

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs Addie Moore 113 Winters Av.

18. BURIAL, CREMATION, OR REMOVAL — Place: St. Peters — Date: 8-15, 1939

19. UNDERTAKER (Address): Mrs Frances A. Hemsley 518 W. Biddle St.

20. FILED 8-17, 1939 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Aug. (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1939, to Aug 20, 1939

I last saw her alive on Aug 20, 1939; death is said to have occurred on the date steted ebove, at 8.30P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Gangrene of foot	

Other **Contributory Causes** of importance:

Diabetis

Name of operation: none — Date of: ___

What test confirmed diagnosis? Clinical Symptoms — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Neture of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Thos. Moorhead M. D.

(Address) 703 W Baltimore Baltimore

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 1 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

07740

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County Baltimore

City or town Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Maryland Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 11 months, 12 days

Stay in this community (yrs., or mos., or days) 11 months, 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 312 Harlem Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Arthur J. Blackaller

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widower

8 (b) Name of husband or wife Lena J. Blackaller

Dead 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 22, 1876

8. AGE: Years 62 Months 11 Days 19 If less than one day hrs. min.

9. Birthplace Buffalo, New York
(Town, county, and state)

10. Usual occupation Solicitor

11. Industry or business Insurance

FATHER
12. Name Harry Blackaller,
13. Birthplace Liverpool, England

MOTHER
14. Maiden name Margaret E. Markley,
15. Birthplace Homer, New York

16. Informant Eleanor Pearson

Address Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 14, 1939 (month) (day) (year)

Cemetery or crematory Loudon Park Cemetery

Location Baltimore, Maryland

18. Funeral director A. Rohde & Son

Address 2327 Edmondson Ave., Balto., Md.

19. Aug. 10, 1939 (Date rec'd by registrar) J. Frank Spreding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1939, at 6.44 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 29 1938, to August 10 1939, and that I last saw him alive on August 10 1939.

Immediate cause of death Pulmonary Tuberculosis
Pulmonary Hemorrhage

DURATION Since Feb. 1938 8/10/39

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations No operations

Of autopsy No autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John A. Smith M. D.

Address Mount Wilson, Md. Date signed 8/10/39

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SEP 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07741

1. PLACE OF DEATH (752)

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U.S. if of foreign birth? 34 yrs. 3 mos. ds.

2. FULL NAME Mary Bober

(a) Residence: No. Plainfield-Germany Hill Rd. Ward. (Usual place of abode) Md

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Femal

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Bober.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 52 yrs Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. house work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Kozdras

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME not known —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Carrie Younger (Address) 2712 Dillon

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart of Mary Date 8-21-, 1939

19. UNDERTAKER John J Duda (Address) 2829 Hudson St

20. FILED 8/21/39 19 J M McCarmine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 18 (Day) 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug. 16, 1939, to Aug 18, 1939

I last saw her alive on Aug 18, 1939; death is said to have occurred on the date stated above, at 4:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8-17-39
Hypertensive C. V. disease	—

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Stephen C. Mackoniak M. D.

(Address) 6833 Holabird Ave. Dundalk

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*May 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED AUG 24 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(94E)

07742

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Baeto

County

City or town Towson Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Shepherd Pratt Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto.

City or town Towson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME John Nicholas Bond

3. (b) Social Security Number None.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Susan R Bond

6(c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 25. 1887

8. AGE: Years 51 Months 10 Days 10 If less than one day ____ hrs. ____ min.

9. Birthplace Balto Co. Md.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Webster Bond

13. Birthplace Maryland.

MOTHER

14. Maiden name Martha J. Carter

15. Birthplace Maryland.

16. Informant Susan R. Bond

Address Towson.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 18 1939 (month) (day) (year)

Cemetery or crematory Moreland Memorial

Location Balto Co. Md. Box I. Sander

18. Funeral director Henry Sander & Sons Inc.

Address 1710 Fleet St

19. Aug 17 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

11-30

20. DATE OF DEATH Aug 15th 1939, at P. M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__ to ____ 19__; and that I last saw h__ alive on ____ 19__.

	DURATION
Immediate cause of death Coronary	
Heart disease	
Fascen Suddenly	
Due to Hurt in head barn	
died in 5 mins	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. C. McA Dept. C.M. Ex

M. D. or other

Address Towson Md Date signed 8-16-39

Cam Alex
S.W. Ausgebaut & Carlton

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AUG 22 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07743

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (95-8)

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. 241 Baltimore Ave. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. if of foreign birth? 22 yrs. mos. ds.

2. FULL NAME Louis Bonincontri If U. S. Veteran, specify WAR

(a) Residence: No. 241 Baltimore Ave. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Piecentini

6. DATE OF BIRTH (month, day, and year) Apr. 1, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Beth. Steel Corp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Itlay
(State or country)

FATHER

13. NAME John Bonincontri

14. BIRTHPLACE (city or town) Itlay
(State or country)

MOTHER

15. MAIDEN NAME Julia---------

16. BIRTHPLACE (city or town) Itlay
(State or country)

17. INFORMANT Mary Bonincontri
(Address) 241 Baltimore Ave. (Dundalk)

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Aug. 26, 1939

19. UNDERTAKER Philips Sterling Sons.
(Address) 2016 Orleans St.

20. FILED 8/29/39 19 [signature]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1938, to August 26, 1939

I last saw h-- alive on August 26, 1939; death is said to have occurred on the date stated above, at 9:40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	2 years
Coronary Thrombosis	4 mos.
Cardiac Insufficiency	1 mo.

Other Contributary Causes of Importance:

General Arterio Sclerosis
Cardiac Hypertrophy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Theodore Cooper M. D.

(Address) 2101 Park Ave., Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (34)

Reg. Dist. No. 30

07744

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Spring Grove State Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-3-11
(e) Length of stay in this community (yrs., mos., or days) 5-3-11

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 146 Eastern ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Wm Bowen

3 (b) If veteran, name war: none
3 (c) Social Security No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of husband or wife Rae Bowen
6. (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) 3-14, 1893

8. AGE: Years	Months	Days	If less than one day
46	5	8	____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Tug boat

FATHER
12. Name John Bowen
13. Birthplace Maryland

MOTHER
14. Maiden Name Louisa Heidel
15. Birthplace Maryland

16 (a) Informant Spring Grove State Hospt
(b) Address Catonsville md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 25 39 (month) (day) (year)
(c) Cemetery or crematory Oak lawn
Location Eastern ave.

18 (a) Funeral director John A. McMan
(b) Address 3000 E. Balto St.

19 (a) 8/25/39 (Date rec'd by registrar) (b) [signature] Registrar
Only Local

MEDICAL CERTIFICATION

20. Dste of desth Aug 22 1939, at 3.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 11 1934, to Aug 22 1939 and that I last saw him alive on Aug 22 1939

Immediate cause of death	Duration
Cerebro Spinal Fever	Before 1925
Due to Syphilis	Before 1925
Due to	
Other conditions Mental Deficiency	Life

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** John G Rental M. D. or other
Address Catonsville Date signed 8/22/39

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SEP 1 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07745

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (956)

County Balto. Registration Dist. No. 38

Village or City Towson R.F.D. #6 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residenca in city or town where daath occurred yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Cora M. Bowling If U. S. Veteran, specify WAR no.

(a) Residence: No. Proctor Lane St, Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of John W. Bowling

6. DATE OF BIRTH (month, day, and yaar) 10-30-1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.

10. Date deceased last workad at this occupation (month and year)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME James B. Elliott

14. BIRTHPLACE (city or town) Md. (Stata or country)

MOTHER

15. MAIDEN NAME Fanny J. Watt

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT John M. Bowling (Address) Proctor Lane

18. BURIAL, CREMATION, OR REMOVAL Place London Park Data 8/7 19 39

19. UNDERTAKER Leonard Keech (Addrass) 5305 Harford Rd

20. FILED 8/6 19 39 G. H. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 4 (Day) 193 9 (Year)

22. I HEREBY CERTIFY, That I attendad daceased from July 8, 1939, to August 4, 1939

I last saw her aliva on August 4, 1939; daath is said to hava occurred on the date statad above, at 4:50 P. m.

Tha **PRINCIPAL CAUSE OF DEATH** and ralated causas of importance ware as follows:

	Date of onset
Hypertensive cardio-vascular renal disease	1937
Other **Contributory Causes** of importanca:	
Cerebral hemorrhage	1937

Name of oparation none Data of

What tast confirmed diagnosis? clinical Was thera an autopsy? no

23. If death was due to extarnal causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way ralated to occupation of deceased? no

If so, spacify

(Signad) S. A. Alessi M. D.

(Addrass) (621) Harford Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

W. H. Brannock

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*[illegible]1*
Cerebral hemorrhage	*July 5, 19[illegible]*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 15 1939
BUREAU OF

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (207-m)

CERTIFICATE OF DEATH

07746

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Balto
City or town Mt Washington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md. County Baltimore Co.
City or town Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6071 Falls Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Benjamin F Brookhart

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married.
6 (b) Name of husband or wife: Rose E. Brookhart.
6(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.): Jan 18, 1866
8. AGE: Years 73 | Months 6 | Days 13 | If less than one day ___ hrs. ___ min.
9. Birthplace md. (Town, county, and state)
10. Usual occupation Plasterer.
11. Industry or business
FATHER 12. Name unknown.
13. Birthplace
MOTHER 14. Maiden name unknown.
15. Birthplace
16. Informant Anne E. Wilson.
Address 6071 Falls Road.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 4, 1939. (month) (day) (year)
Cemetery or crematory Druid Ridge.
Location Pikesville.
18. Funeral director Chenoweth Lm.
Address 3615-17 Chestnut Ave.
19. Aug 3rd 1939 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1st 1939 4 P.M. about M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.
Immediate cause of death Accident Struck by Penn RR train at underpass of Falls Road, Mt Washington
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy At Balto City Morgue

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of 8-1-39
Where did injury occur? Mt Washington (City or town) Balto (County) Md (State)
~~Injured at home, farm, industry, public place (where?)~~ as above
Means of injury Struck by train Injured at work? No

23. SIGNATURE W. T. O. Myer Dept P.M. Exam M. D. or other
Address Pikesville Md Date signed 8-2-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 22 1939
BUREAU V A

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (48)

Reg. Dist. No. 35-

CERTIFICATE OF DEATH

07747

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Parkton, Rural.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore.

(c) City or town Parkton, Rural.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annar Belle Bull.

3 (b) If veteran, name war —

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Harry A. Bull.

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) September 7, 1873.

8. AGE: Years 65 Months 11 Days 4 If less than one day hr. min.

9. Birthplace Hollidaysburg, Pa.
(Town, county, and state)

10. Usual occupation Housekeeper.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Mary Kane.
15. Birthplace Hollidaysburg, Pa.

16 (a) Informant Harry Bull.
(b) Address Parkton, Md. R.D.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 15, 1939. (month) (day) (year)
(c) Cemetery or crematory Pine Grove U.B. Cemetery.
Location Rayville, Md.

18 (a) Funeral director F. V. Trabert
(b) Address Freeland, Md.

19 (a) Aug 12, 39 (Date rec'd by registrar) (b) Chester L. Fulton Deputy Local Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 4 1939, at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939, to Aug 4 1939, and that I last saw him alive on Aug 11 1939.

Immediate cause of death Carcinoma of Uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. W. France M. D. or other

Address Parkton, Md. Date signed 8/12/39

VS. A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

07748

F ~~[illegible]~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

F ~~[illegible]~~

CERTIFICATE OF DEATH (59)

59

1. PLACE OF DEATH

~~CITY OF~~ BALTIMORE: (No. ~~4212~~ 2612 Co. Wendover Rd. ~~St.~~, Hamilton ~~Ward~~)

Registered No. 43

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Carroll

If U.S. Veteran specify WAR ___

(a) Residence: No. ~~4212~~ 2612 Wendover St., ... Ward. Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced ~~[illegible]~~ (or) WIFE of Alfred C. Carroll

6. DATE OF BIRTH (month, day, year) July 26 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	0	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HW.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Michael Hennessey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME EC (?)

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. May Hewell

(Address) 327 Glenester Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto Date Aug 7th 1939

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1939 to August 3, 1939

I last saw her alive on August 3, 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Coma	

Other contributory causes of importance:

Acidosis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Urine Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W E Kaufgins M. D.

(Address) 4335 Harford Rd

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]NLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. [illegible]very item of information [illegible]d be carefully supplied. AGE should be stated EXACTLY [illegible]HY[illegible]ANS should state CAUSE [illegible]F DEATH in plain terms, so that it may be properly classifie[illegible] Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

AUG 4 - 1939

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Uremia, epilepsy, S.	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrocnteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

07749

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Balto

~~City~~ or town: Roslyn

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Annie B. Carter

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Roslyn Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Old Court Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Annie B. Carter

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: William O. Carter

6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Aug 1st 1881

8. AGE: Years	Months	Days	If less than one day
58	0	3	____hrs. ____min.

9. Birthplace: Balto Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER — 12. Name: Joseph Ritter

13. Birthplace: Md.

MOTHER — 14. Maiden name: E. Iglehart

15. Birthplace: Md

16. Informant: William O. Carter

Address: Old Court Rd - Roslyn

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Aug 7th 1939 (month) (day) (year)

Cemetery or ~~crematory~~: Lorraine

Location: Balto Co. Md.

18. Funeral director: William Cook

Address: 1217 St. Paul st Balto. Md.

19. August 4 1939 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 4th 1939, at 11-a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1939, to Aug. 4 1939, and that I last saw him alive on Aug. 3 1939

Immediate cause of death	DURATION
Carcinoma of Colon	9 mo.
Due to	
Due to	
Other conditions: Arterial Hypertension	8 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: not done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Joshua H. Armacost MD

M. D. or other

Address: Woodlawn, Md. Date signed: Aug 4 1939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

92-a

07750

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County: Baltimore County

City or town: Spring Grove State Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Catonsville, Maryland

Stay in hospital or inst. (yrs., or mos., or days): 1 yr., 4 mos., 17 dys.

Stay in this community (yrs., or mos., or days): Same as above.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford Co.

City or town: Aberdeen Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Susie Carver

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: W.E. Carver

6(c) If alive, give age: Unk. years

7. Birth date of deceased (mo., day, yr.): January 22, 1870

8. AGE:

Years	Months	Days	If less than one day
69	6	25	hrs. min.

9. Birthplace: Hopewell, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James Sheridan
13. Birthplace: Unk.

MOTHER
14. Maiden name: Catherine James
15. Birthplace: Unk.

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 21/39 (month) (day) (year)

Cemetery or crematory: Smith Chapel Harford Co.

Location: Harford Co. Md.

18. Funeral director: Henry Farring & Son

Address: Aberdeen Md.

19. 8/19 19 39 (Date rec'd by registrar) [signature] Registrar
Deputy Coal.

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 18, 1939, at 1:35 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31, 1938, to August 18, 1939, and that I last saw her alive on August 18, 1939.

Immediate cause of death	DURATION
Acute myocarditis	2 mos.
Due to Chronic rheumatic endocarditis before	1938
Due to Mitro stenosis "	"
Other conditions Senile psychosis "	"

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Non

Of autopsy: As given above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Serge Androp M. D. or other

Serge Androp, M.D.

Address: Spring Grove St. Hosp. Date signed 8/18/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

CERTIFICATE OF DEATH

07751

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Garrison (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Garrison Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alfred L. Chenoweth

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Delia Bayles

6(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): June 14, 1869

8. AGE:

Years	Months	Days	If less than one day
70	2	12	hrs. min.

9. Birthplace: Baltimore County, Md. (Town, county, and state)

10. Usual occupation: Retired Sexton

11. Industry or business

FATHER 12. Name: George Chenoweth

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Ruth Moran

MOTHER 15. Birthplace: Maryland

16. Informant: Mrs. Alfred L. Chenoweth

Address: Garrison, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 29, 1939 (month) (day) (year)

Cemetery or crematory: St. Thomas

Location: Garrison, Md.

18. Funeral director: Frank H. Newell

Address: Pikesville, Md.

19. Aug 28 1939 (Date rec'd by registrar) E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 26th 1939, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935 19 , to August 26 1939, and that I last saw him alive on August 25th 1939

Immediate cause of death	DURATION
Chronic Myocarditis	?
Due to Arterio Sclerosis	?
Due to	
Other conditions: Cerebral hemorrhage	1935

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: E E Nichols M.D. M. D. or other

Address: Pikesville Md. Date signed: 8/28/39

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State of Maryland

HEALTH DEPARTMENT ~~CITY OF BALTIMORE~~

07752

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

~~CITY OF BALTIMORE~~: (No. Hazelwood Ave, Raspeburg Balto Co Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME John Clinedinst. If U. S. Veteran specify WAR No Record

(a) Residence: No. Hazelwood Ave Balto Co Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Maude M

6. DATE OF BIRTH (month, day, year) Mar 5, 1869

7. AGE: 70 Years, 4 Months, 28 Days. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1938
11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME John Clinedinst
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Maria Wilson
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Maude M. Clinedinst
(Address) Hazelwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Aug 5/39 Moreland Mem Park

19. UNDERTAKER William Wolf
(Address) 1217 N Paul St

20. FILED 8/2 1939 A. M. Bason Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1938, to Aug 2, 1939

I last saw him alive on Aug 2 1939 Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate Gland	1938
Uremia	1939

Other contributory causes of importance:

Was an operation performed? Yes. Date of June 16, 1939

For what disease or injury? Prostatic obstruction

Name of operation Vasectomy Date of June 16, 1939

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert J. Himelfarb. M. D.

(Address) 5444 Belair Rd.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or condition which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal disease and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by strect car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

[redacted]

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

07753

CERTIFICATE OF DEATH

Reg. Dist. No. 33-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T)

1. PLACE OF DEATH: Balto

County

City or town Parkton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Parkton, Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarence Franklin Cooper

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Margaret A. Cooper

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) July 22, 1876.

8. AGE: Years	Months	Days	If less than one day
63	6	18.	hrs. min.

9. Birthplace Parkton, Balto. Co. Md.

(Town, county, and state)

10. Usual occupation Railroader.

11. Industry or business

FATHER 12. Name Thomas Cooper.

13. Birthplace Parkton, Md.

MOTHER 14. Maiden name Cornelia Bull.

15. Birthplace Parkton Md

16. Informant Mrs. Margaret A. Cooper.

Address Parkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 13, 1939 (month) (day) (year)

Cemetery or crematory Pine Grove M.E. Cemetery.

Location Rayville, Md.

18. Funeral director R. N. Trabert.

Address Freeland, Md.

19. Aug 12 1939 (Date rec'd by registrar) Chrystelle L. Fowler Registrar

MEDICAL CERTIFICATION 9-30

20. DATE OF DEATH: Aug 10th 1939, at [illegible] M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from

19, to 19,

and that I last saw h live on 19.

Immediate cause of death Coronary Thrombosis

Due to Had blown treatment for throat disease by Dr Andrews M. Frazer and prop on his treatment

Due to

Other conditions to time of death

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Myers Dept S M Ex

M. D. or other

Address Reisterstown Md Date signed 8-10-39

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (207-MR) Reg. Dist. No. 32

CERTIFICATE OF DEATH

07754

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Mc Donogh Dist (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) C
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Mc Donogh (If outside city or town limits, write RURAL and give town)
(d) Street No. Mc Donogh Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME** Mrs Carroll Crawford

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	No	Male	White	

6 (b) Name of husband or wife Cora Pauline Crawford
6. (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
40			——hr. ——min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Carroll Co. Md

MOTHER
14. Maiden Name Margueta
15. Birthplace Carroll Co. Md

16 (a) Informant Lyda Brandenburg
(b) Address 102 Cathedral St. Annapolis

17 (a) —— (Burial, cremation, or removal) (b) Date thereof Aug 25 1939 (month) (day) (year)
(c) Cemetery or crematory Taylorsville M E.
Location Taylorsville Md

18 (a) Funeral director Frank H. Purnell
(b) Address Pikesville Md

19 (a) Aug 25 1939 (Date rec'd by registrar) (b) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 23 1939, at 4 P.M.

21. I certify that death occurred on the date above stated; ~~that I attended deceased from ——19—— to ——19——~~, and that I last saw him alive on ——19——.

Immediate cause of death	Duration
Acute Compression Fracture of the Spine	
Due to Hit by Train on P.R.R. near Mc Donogh	
Due to Shock	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, ~~suicide, or homicide~~
(b) Date of occurrence Aug 23 - 1939
(c) Where did injury occur? Mc Donogh Dist Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? R R tracks (Specify type of place) While at work? Yes
(e) Means of injury Run over

23. Signature H. C. Muse Dept. Md. Ex. M. D. or other
Address Pikesville Md Date signed 8-23-39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07755

1. PLACE OF DEATH (95-E)

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? 53 yrs. ___ mos. ___ ds.

2. FULL NAME Lena Danielczyk

(a) Residence: No. 7336 Manchester Road St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5e. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Gottlieb Danielczyk

6. DATE OF BIRTH (month, day, and year) 1884

7. AGE: Years 55 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Kedzierski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Pelagia Wlodarek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Gottlieb or Bogumiel Danielczyk

(Address) 7336 Manchester Road, Dundalk

18. BURIAL, CREMATION, OR REMOVAL

Place SACRED, HEART, MARY Date AUG 30TH, 1939

19. UNDERTAKER George A. Weber

(Address) 705 S Ann street

20. FILED 8/28, 1939 Milton M Smulson Local Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1939, to Aug 27, 1939

I last saw her alive on Aug 27, 1939; death is said to have occurred on the date stated above, at 11:55 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	8-26-39
Other Contributory Causes of importance: Arterio sclerotic C. V. disease	?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Stephen C. Mackoniak M. D.

(Address) 6833 Holabird Ave - Dundalk Md

M. M. Learmine, Reg.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore. Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

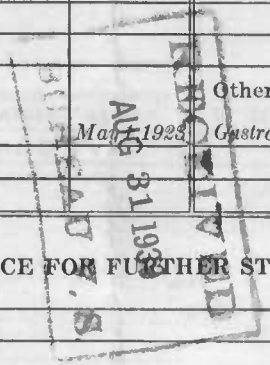
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07756

CERTIFICATE OF DEATH

Reg. Diat. No. 32

1. PLACE OF DEATH: Baltimore

County

City or town Villa Nova, Pikesville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Katherine Robb Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 5 yrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Rock Hall, Md. County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Mary E. Dr Ford.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William E. DeFord

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/25/1848

8. AGE: Years	Months	Days	If less than one day
91	2	22	hrs. min.

9. Birthplace Kent County, Delaware

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name John Smith

13. Birthplace Delaware

MOTHER

14. Maiden name Mary Moore

15. Birthplace Harrington, Del.

16. Informant George DeFord

Address

17. Burial Church Hill, Md. Date thereof Aug. 19, 1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Church Hill, Maryland

18. Funeral director Ralph H. Usilton

Address Chestertown, Maryland

19. Aug. 16th 1939 Dr. E. E. Nichols

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 12-45

20. DATE OF DEATH Aug 16th 1939, at P. M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19, and that I last saw h alive on 19.

	DURATION
Immediate cause of death Coronary thrombosis	
Due to Senile degeneration	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. F. O'Mara Dept P. M. Gen.

M. D. or other

Address Chestertown Md Date signed 8-16-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 44

(94E)

07757

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Balto
(a) County
(b) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: North Point Rd
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town North Point Road
(If outside city or town limits, write RURAL and give town)
(d) Street No. Box 292 P.O. Sparrowspoint
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martin Dobrizcki

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race Whit

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1867

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Joseph Tomczewski
(b) Address Box 292 P.O. Sparrows Point

17 (a) Balto Md (Burial, cremation, or removal) (b) Date thereof 8 (month) 26 (day) 39 (year) Md
(c) Cemetery or crematory St Stanislaus Cem
Location Baltimore Dundalk Cwl

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester St

19 (a) Aug 25-39 (Date rec'd by registrar) (b) Dawson L. Harber Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 23 1939, at 11-40 A M

21. I certify that death occurred on the date above stated; ~~that I attended deceased from 19 to 19, and that I last saw him alive on 19~~

Immediate cause of death Cerebral Thrombosis
Due to Arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) ~~Did injury occur about home, on farm, industrial place, in public place?~~ (Specify type of place) While at work?
(e) Means of injury

23. Signature W. P. O. Nyse Dept PM Ex
M. D. or other
Address Pulaski Md Date signed 8-23-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07758

(182)

CERTIFICATE OF DEATH

Reg. Dist. No. 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto.
City or town Sweet Air
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: and Manor Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto.
City or town Baldwin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Morris Dodson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
~~Female~~ Male	White	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 31 1939.

8. AGE: ~~Years~~	Months	Days	If less than one day
4 mths	4	7	hrs. min.

9. Birthplace University Hospital
(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name Russell Jack. Dodson.
13. Birthplace Virginia

MOTHER 14. Maiden name Evelyn Morris
15. Birthplace Riderwood. Md.

16. Informant Russell Jack Dodson
Address Baldwin Md.

17. (Burial, cremation, or removal. Which?) Date thereof Aug 9, 1939 (month) (day) (year)
Cemetery or crematory York M.E. Salem.
Location York Balto Co. Md.

18. Funeral director John Burns Sons.
Address Towson Md.

19. Aug. 8 1939 (Date received by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7th 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Mech Suffocation by mucous Rhale that closed Wpe	
Due to Pneumonia Bron Pas	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of 8-7-39
Where did injury occur? Sweet Air Balto Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) at home
Means of injury Suffocation Injured at work? No

23. SIGNATURE W. G. Mc Leish M.D. Cor
M. D. or other
Address Pikesville Md Date signed 8-7-39

RECEIVED
SEP. 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07759

95-a

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 37

Village or City Texas No. York Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Langth of residanca in city or town whara death occurrad 63 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth E. Dornin If U. S. Veteran, specify WAR

(a) Residence: No. Texas Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of Gardner A. Dornin

6. DATE OF BIRTH (month, day, and year) April 16. 1876

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
63	4	—	

OCCUPATION

8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Nurse

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date dacaasad last workad at this occupation (month and yaar)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) Cockeysville Md (State or country) Balto Co

FATHER

13. NAME William H. Rone

14. BIRTHPLACE (city or town) (Stata or country) Md

MOTHER

15. MAIDEN NAME Amanda J. Howard

16. BIRTHPLACE (city or town) (Stata or country) Balto County

17. INFORMANT (Addrass) Mrs. Nellie Herbst York Rd. Texas Md.

18. BURIAL, CREMATION, OR REMOVAL Place Ashland Cem. Data Aug. 18, 1939

19. UNDERTAKER Leonard J. Buck (Addrass) 6305 Harford Rd.

20. FILED Aug. 16, 1939 Wm. J. Schnidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 16th (Day), 1939 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1939, to Aug. 16, 1939

I last saw her alive on Aug. 16th, 1939; daath is said to hava occurrad on the data statad above, at 10.30 A. m.

Tha **PRINCIPAL CAUSE OF DEATH** and relatad causas of importanca ware as follows:

	Date of onset
Auricular Fibrillation	?

Other **Contributory Causes** of Importanca:

Neme of operation None Date of

What tast confirmed diagnosis? Clinical Was there an autopsy? No

23. If daath was dua to external causas (VIOLENCE) fill in also tha following:

Accidant, suicide, or homicida? Date of injury, 19

Whara did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of Injury

24. Was disaasa or Injury in any way ralatad to occupation of deceasad?

If so, specify

(Signed) Thos. A. Sedlacek, M. D.

(Addrass) 200 W. Pennsylvania Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Towson, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
SEP 2 1939
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

HEALTH DEPARTMENT—CITY OF BALTIMORE

07760

CERTIFICATE OF DEATH (46-B)

1. PLACE OF DEATH Registered No. 41

~~CITY OF~~ BALTIMORE: (No. Co. 508 46 th. st St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Dzieciuch If U. S. Veteran specify WAR

(a) Residence: No. 508 46 th. St. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dzieciuch

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care taker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Cemetery

10. Date deceased last worked at this occupation (month and year) 6 X 76

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Andrew Dzieciuch

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sophie Jaworska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Dzieciuch (Address) 508 46.th St.

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart of Mary Date Aug. 28 1939

19. UNDERTAKER (Address) Fred W. Ozazewski 1930 Eastern Ave.

20. FILED 8/26, 1939 Milton M. Smilow Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1939, to Aug. 25, 1939

I last saw him alive on Aug. 25, 1939. Death is said to have occurred on the date stated above, at 4 A/m.

The principal cause of death and related causes of importance were as follows: Carcinoma Stomach

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify Kunkowski

(Signed) Andrew Kunkowski, M. D.

(Address) 2079 Eastern Ave

M. Mcarmine. Reg

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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AUG 31 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (166) Reg. Dist. No. 38 39

CERTIFICATE OF DEATH

07761

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Moncton (If outside city or town limits, writes RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Moncton (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs Marion Smith Ellis

3 (b) If veteran, name war

3 (c) Social Security No.

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: James Ellis

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 38 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: Home maker

11. Industry or business

FATHER
12. Name: Frank M Smith
13. Birthplace: Balto.

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Balto.

16 (a) Informant: James A Ellis
(b) Address: Moncton Rec'd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25-39 (month) (day) (year)
(c) Cemetery or crematory St Ignatius
Location: Moncton

18 (a) Funeral director: [illegible]
(b) Address: [illegible]

19 (a) Aug 23 39 (Date received by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 23 1939, at 9 a.m. M

21. I certify that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19____, to ____ 19____, ~~and that I last saw him alive on~~ ____ 19____.

Immediate cause of death: Drowned by drowning in Lord Baltimore dam at No 4 bridge — Duration

Due to: ——

Due to: Melancholia

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) ~~Accident~~, suicide, or ~~homicide~~ Suicide
(b) Date of occurrence Aug 23-1939
(c) Where did injury occur? Lord Baltimore Dam (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public road (Specify type of place) While at work? No
(e) Means of injury drowning

23. Signature: W P Myers Dept P.M. C.
M. D. or other
Address Sparrows Md Date signed 8-23-39

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SEP 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

07762

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Sparks
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Sparks Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Albert Fahnestock

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Nov 20 1850

8. AGE:

Years	Months	Days	If less than one day
88	8	12	hrs. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: Banker + Broker

11. Industry or business: Self

FATHER
12. Name: Derrick Fahnestock
13. Birthplace: Unknown

MOTHER
14. Maiden name: Lucinda Fahnestock
15. Birthplace: Unknown

16. Informant: Mrs. Bessie Fahnestock
Address: Sparks Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 4 1939 (month) (day) (year)
Cemetery or crematory: Greenmount Cemetery
Location: Baltimore Md.

16. Funeral director: William J Tuckner + Son
Address: North + Penna Aves Balto.

19. (Date rec'd by registrar) Aug 3 1939 Wilmer L. Enson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 2 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Aug 2 1939, and that I last saw him alive on Aug 2 1939.

	DURATION
Immediate cause of death: Angina Pectoris	10 hrs
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: B. W. Shoemaker M. D. or other
Address: Sparks Md Date signed Aug 3

Dr Shermentine
Sparks. Md.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07763

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto
County
City or town Essex Bruny Point
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 325 S. Pulaski St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Franse X Fisher

3. (b) Social Security Number 214-16-5355

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Caroline Fisher
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept. 22 - 1861
8. AGE: Years 77 | Months 11 | Days 20 | If less than one day ____ hrs. ____ min.
9. Birthplace: Germany (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER
12. Name: Fisher
13. Birthplace: Germany
MOTHER
14. Maiden name: unknown
15. Birthplace: unknown
16. Informant: Charles Elberts
Address: 325 S. Pulaski
17. Burial (Burial, cremation, or removal, Which?) Date thereof 8-15-39 (month) (day) (year)
Cemetery or crematory: London Park
Location: Frederick Rd.
18. Funeral director: Geo. L. Schwab
Address: 2101 Frederick Ave.
19. Aug 12th 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1939, at 1 P.M.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__,
and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Valvular heart disease while wading in water
Due to: not over two ft deep lungs resonant.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE W. P. E. Nyse Dept P.M. Ex. M. D. or other
Address Pikesville Md Date signed 8-12-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 17 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07764

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (82-a)

County Balto. Registration Dist. No. 40

Village or City Baldwin Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Langth of residanca in city or town where daath occurred yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME George N. Francis If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Widower

5a. If married, widowad, or divorced HUSBAND of (or) ~~WIFE of~~ The late Fannie Francis

6. DATE OF BIRTH (month, dey, and yaar) July 17 - 1855

7. AGE	Years	Months	Deys	If LESS than 1 day, hrs. or min.
	84	—	5	

OCCUPATION

8. Trede, profession, or particular kind ot work done, es SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. Retired Farmer

10. Dete deceased last worked at this occupetion (month end yaar) ✓

11. Total time (yaars) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thos. Francis

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ann Gray

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Francis (Address) Towson Md.

18. BURIAL, CREMATION, OR REMOVAL Place Chestnut Grove Dete Aug 24, 1939

19. UNDERTAKER Clarence E. Arthur (Address) Govh Md.

20. FILED 8/23/39, 19 W. M. Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 22, 1939 (Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1939, to Aug 22, 1939

I last saw him alive on Aug 22, 1939; death is said to have occurrad on the dete steted above, at 7:20 m.

The PRINCIPAL CAUSE OF DEATH and ralated causas ot importanca wara as follows:

	Date ot onset
Cerebral Hemorrhage	8/19/39
Other Contributory Causes of Importanca:	
Arterio Sclerosis	3 yrs 1936

Neme of operation Dete of

What test confirmed diagnosis? Clinical Was thara an autopsy? No

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? Date of Injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disaase or injury in any way reletad to occupetion ot dacaased?

If so, specify

(Signad) Walter M. Hammett M. D.

(Address) Baldwin

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 4 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07765

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (23) Social Sec. No. 213-03-5907

County Baltimore Registration Dist. No. 938

Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 6 mos. 3 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Eileen Camilla Gannon If U. S. Veteran, specify WAR No

(a) Residence: No. 1702 E. 30th St., ____ Ward. Baltimore

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): May 2, 1911

7. AGE: Years 28 | Months 3 | Days 6 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Telephone Operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Grocery Co.

10. Date deceased last worked at this occupation (month and year): January 1939

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Edward S. Gannon

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Alice A Brien

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Personal History--Hospital Records Eudowood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 8-11-39 19

19. UNDERTAKER (Address) [illegible] 5300 [illegible]

20. FILED Aug. 9th, 1939 W. Carroll Van Horn Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 3, 1939, to August 8, 1939

I last saw her alive on August 8, 1939; death is said to have occurred on the date stated above, at 7:40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	August 1938

Other Contributory Causes of Importance:

Name of operation None Date of ____

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) W. A. Bridges M. D.

(Address) Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

115 W Segura Ave

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07766

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Balto

City or town: Reisterstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Reisterstown

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Reisterstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: None

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Baby - Gill

3. (b) Social Security Number: no

4. Sex: female

5. Color or race: Wh

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Child

6(c) If alive, give age: Dead Born years

7. Birth date of deceased (mo., day, yr.): Aug 24th 1939

8. AGE: Years: Still Born Months: Days: If less than one day: Still Born hours min.

9. Birthplace: Reisterstown Md (Town, county, and state)

10. Usual occupation: Child

11. Industry or business: no

FATHER

12. Name: Chas. J. Gill

13. Birthplace: Balto Co Md

MOTHER

14. Maiden name: Lottie Bonce

15. Birthplace: Carroll Co.

16. Informant: Chas Gill

Address: Reisterstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 25th (month) (day) (year)

Cemetery or crematory: Finksburg Md

Location: Finksburg Md

18. Funeral director: None - Buried by Father

Address: Reisterstown

19. Aug 25th 1939 (Date rec'd by registrar) J. Frank Miller Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 24th 1939, at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 24th 1939 to Aug 24th 1939, and that I last saw h alive on Still Born 19

Immediate cause of death: Still Born

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Frank Miller Md M. D. or other

Address: Reisterstown Date signed: 8/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07767

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (94E)

County Baltimore Registration Dist. No. 38

Village or City Annaslie No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where daath occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Albert Glauber

(a) Residence: No. 1020 Regester St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write tha word)
Male	White	Married

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of: Miriam G. Glauber

6. DATE OF BIRTH (month, day, and year): Oct 2nd 1895

7. AGE	Years	Months	Deys	If LESS than 1 day, hrs. or min.
	43	10	5	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.: Proprietor

9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.: Candy Factory

10. Date dacaasad last workad at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore md.

FATHER

13. NAME: John H. Glauber

14. BIRTHPLACE (city or town) (State or country): Baltimore md.

MOTHER

15. MAIDEN NAME: Louisa E. Myers

16. BIRTHPLACE (city or town) (State or country): Baltimore md

17. INFORMANT (Address): Mrs. Howard A Glauber 1020 Regester Ave

18. BURIAL, CREMATION, OR REMOVAL

Placa Loudon Park Cem. Data Aug. 10th, 1939

19. UNDERTAKER (Address): L. Schlosnagle & Son 1039 Hollins St Balto. Md

20. FILED Aug. 9th, 1939 Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 7 (Day), 1939 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Aug 7, 1939

I last saw him aliva on Aug. 7, 1939; daath is said to heve occurred on tha date steted above, at 1130 P m.

The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:

	Date of onset
Coronary thrombosis	1937

Othar Contributory Causes of importanca:

Nama of oparation Dete of

What test confirmed diegnosis? Was there an autopsy? No

23. If death was dua to externel causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Natura of injury

24. Was diseese or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. H. Meier M. D.

(Address) 6701 York Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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SEP 4 1928
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07768

1. PLACE OF DEATH (93-C)

County Baltimore Registration Dist. No. 33

Village or City Owing Mills No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Walter E. Graff Graff If U. S. Veteran, specify WAR

(a) Residence: No. 1213 Dundalk Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 12-1869

7. AGE: Years 70 Months 3 Days 19 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna Edwards

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Rabastein (Address) 1213 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL Place Balto Cem. Date Sept 2, 1939

19. UNDERTAKER Lilly + Teiler INC. (Address) 403 S. Wolfe St.

20. FILED Aug. 31, 1939 J. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 31 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from about June 1, 1939, to Aug 31, 1939

I last saw him alive on Aug 31, 1939; death is said to have occurred on the date stated above, at 8 15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?

Other Contributory Causes of Importance:

Pyelitis	Aug 20, 1939

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. F. Crenshaw M. D.

(Address) Reisterstown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(8)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(183)

07769

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Glenn Martin Plant Stansbury Creek
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 532 N. Mulberry St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Martha Griffith

3. (b) Social Security Number

4. Sex: female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband ~~or wife~~ Richard Griffith
6(c) If alive, give age 32 years
7. Birth date of deceased (mo., day, yr.) Oct. 10 - 1915

8. AGE: Years 23 | Months 10 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual occupation Waitress
11. Industry or business Lunchroom

FATHER
12. Name Frances Gutman
13. Birthplace Balto Md.

MOTHER
14. Maiden name Mary Sincoe
15. Birthplace Balto. Md.

16. Informant R. Griffith
Address 532 N. Mulberry St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-31-39 (month) (day) (year)
Cemetery or crematory Meadowridge Cem.
Location Washington Blvd.

18. Funeral director Thomas J. Henney
Address 1600 Hollins St.

19. Aug. 28 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27th 1939, at 6-20 P.M. about

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, and ~~that I last saw h~~ alive on 19

Immediate cause of death Accidental drowning while in bathing

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, ~~suicide, or homicide~~ Accident Date of 8-27-39
Where did injury occur? Essex (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?) bathing beach
Means of injury Accidental drowning Injured at work? No

23. SIGNATURE W. P. O. Mrs. Dept. P.M. Ex. M. D. or other
Address Jessesville Md Date signed 8-27-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 31 1939
BUREAU V. S.

07770

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 10 yrs. 3 mos. 26 days

Stay in this community (yrs., or mos., or days): 10 yrs. 3 mos. 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 403 Poplar Grove Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harry D. Hanesche (Hanzsche)

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): September 22, 1856

8. AGE: Years	Months	Days	If less than one day
82	11	0	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Printer

11. Industry or business:

FATHER
12. Name: Edward Hanesche
13. Birthplace: Maryland

MOTHER
14. Maiden name: Catherine Delano
15. Birthplace: Washington, D.C.

16. Informant: Hospital Records

Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 24/39 (month) (day) (year)

Cemetery or crematory: London Park

Location: Baltimore Md.

18. Funeral director: George L. Schwab

Address: 2101 Frederick ave.

19. 8/23 1939 (Date rec'd by registrar) H. L. Sudler Registrar

Dusty Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 22, 1939, at 3:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 27, 1929, to August 22, 1939, and that I last saw him alive on August 22, 1939.

Immediate cause of death	DURATION
Chronic arteriosclerotic valvular heart disease	Before 1939
Due to	
Due to	
Other conditions: Generalized Arteriosclerosis	Before 1939

(Include pregnancy within 8 months of death)

Major findings:

Of operations:

Of autopsy: As given above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John G. Runkel M. D. or other

Address: Spring Grove Hospital Date signed: 8/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 33

CERTIFICATE OF DEATH

07771

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Owings Mills (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Pleasant Hill Park

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 7 Mon.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Owings Mills (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John E. Hare

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Flora Hare

6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 21, 1877

8. AGE: Years 62 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Balto. Co. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Wesley Hare

13. Birthplace Balto. Co.

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. Bessie Cavell

(b) Address Owings Mills, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16, 1939 (month) (day) (year)

(c) Cemetery or crematory St. Thomas

Location Baltimore Co.

18 (a) Funeral director J. F. Eline & Sons

(b) Address Reisterstown, Md.

19 (a) 8/15/39 (Date rec'd by registrar) (b) J. Frank Miller MD Registrar

MEDICAL CERTIFICATION

20. Date of death 8/13 1939, at 8 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/12 1939, to 8/13 1939, and that I last saw him alive on 8/13 1939.

Immediate cause of death Carcinoma of Prostate — Duration 6 mos.

Due to

Due to

Other conditions Cachexia

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James G. Safell M. D. or other

Address Reisterstown, Md Date signed 8/15/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 17 1939
BUREAU U.S.

07772

STATE OF MARYLAND—CERTIFICATE OF DEATH

(122-a)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38

Village or City Parkville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. 7 mos. 27 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marietta R. Harvey If U. S. Veteran, specify WAR ✓

(a) Residence: No. 8405 Harford Road Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Harvey

6. DATE OF BIRTH (month, day, and year) Dec 6-1881

7. AGE Years 57 Months 7 Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Alfred L. Stone

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ida May Carter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Alfred Ruppersberger (Address) 8405 Harford Road

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 7th, 1939

19. UNDERTAKER Wm. Jackner & Sons (Address) North Pa Ave

20. FILED 8/7, 1939 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 3rd (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1939, to August 3, 1939

I last saw her alive on Aug. 3, 1939; death is said to have occurred on the date stated above, at 2:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	

Other Contributory Causes of importance:

Strangulated Umbilical Hernia	16 days

Name of operation Repair of Umbilical Hernia Date of July 19, 1939

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan Janney M. D.

(Address) 7101 Harford Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
AUG 10 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Janney 710 Hanford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07773

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore County

City or town: Towson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 1/2 months

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Virginia County:

City or town: Richmond Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. #5

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Mrs. Bertha Hale Hatley

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6 (b) Name of husband or wife: Walter C. Hatley

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): September 9, 1856

8. AGE: Years	Months	Days	If less than one day
82	11	22	____ hrs. ____ min.

9. Birthplace: Brantford, Ontario, Canada (Town, county, and state)

10. Usual occupation: none - formerly housewife

11. Industry or business: --

FATHER 12. Name: Jonathan Hale

FATHER 13. Birthplace: Toronto, Canada

MOTHER 14. Maiden name: Charlot Wells

MOTHER 15. Birthplace: Albany, New York

16. Informant: Hospital Records

Address: S.E.P.H. - Towson, Maryland

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 8-21-39 (month) (day) (year)

Cemetery or crematory: Loudon Park, Baltimore, Md.

Location: Richmond, Va.

18. Funeral director: John O. Mitchell & Son

Address: Baltimore, Md.

19. Aug 31 1939 (Date rec'd by registrar) Deputy Howell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 30 1939, at 8-05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 18 1939, to August 30 1939, and that I last saw her alive on Aug. 30 1939.

Immediate cause of death	DURATION
Arteriosclerotic Heart Disease	Unknown
Due to Generalized Arteriosclerosis	Unknown
Due to	
Other conditions Organic Brain Disease with Paralysis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: Arteriosclerosis.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work? —

23. SIGNATURE: [signature] M.D. or other

Address: Towson Md. Date signed: Aug 30, 1939

RECEIVED
SEP 14 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93C) Reg. Dist. No. 07774

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Towson (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 61 Burke Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 14 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 61 Burke Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Rose Ellis Herring

3 (b) If veteran, name war ———
3 (c) Social Security No. ———

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Malcolm L. Herring
6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1865

8. AGE: Years 73 Months 11 Days 29 If less than one day ——— hr. ——— min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business at Home

FATHER
12. Name John Ellis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Roebothein
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Alice Lindsay Calder
(b) Address 61 Burke Ave., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1939 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 (a) Aug 24/39 (Date rec'd by registrar) (b) W. Everett Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 21, 1939 at 9:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 10 1938, to August 21 1939, and that I last saw him alive on Aug 21 1939.

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Due to Chronic Myocarditis	10 years
Due to Acute Interstitial Nephritis	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John G. Clauser M. D. or other
Address 1800 N. Charles St. Date signed 8/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 26 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07775

44

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Essex

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Riverside Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto.

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 646 S. Lehigh Str.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Hessenauer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	

6 (b) Name of husband or wife Eliz. Schehlein Hessenauer

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15 - 1887

8. AGE:

Years	Months	Days	If less than one day
52	1	23	hrs. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual occupation Restaurant Prop.

11. Industry or business

FATHER

12. Name Leonard D. Hessenauer

13. Birthplace Balto., Md.

MOTHER

14. Maiden name Eliz. Ebenhauser

15. Birthplace Balto. Md.

16. Informant Mrs. Eliz. Hessenauer

Address 646 S. Lehigh Str.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 11-1939 (month) (day) (year)

Cemetery or crematory Oak Lawn Cem.

Location Eastern Ave. Rd.

18. Funeral director John G. Connelly

Address Essex, Md.

19. Aug 9th 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8th 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-29 1938, to 8-8 1939, and that I last saw him alive on Aug. 8 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. W. Jacobsen M.D. M. D. or other

Address 1800 N. Charles St Date signed 8-9-39

RECEIVED
AUG 9 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07776

(132)

1. PLACE OF DEATH

County Balto Registration Dist. No. 30

Village or City Beechwood Home No. Freak & Wynnewan St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs. Margaret Hof If U. S. Veteran, specify WAR ____

(a) Residence: No. 708 Portland St., HOF Ward. ____ If nonresident give city or town and State

(Usual place of abode) BALTO.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hof

6. DATE OF BIRTH (month, day, end year) 3-18-1872

7. AGE Years 67 Months 4 Days 21 If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Cyrus Sinclair

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT (Address) Geo C Hof 708 Portland St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 14th, 1939

19. UNDERTAKER (Address) B. C. Harle 121 E. West St

20. FILED 8/9, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 8 (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1939, to 8-9, 1939

I last saw her alive on 8-9, 1939; death is said to have occurred on the date stated above, at 5:25 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Uremia	8-1-39

Other **Contributory Causes** of importence:

Nephritis	?

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ____

(Signed) George C Horton M. D.

(Address) 803 Fred Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07777

1. PLACE OF DEATH (48)

County Baltimore Registration Dist. No. 42

Village or City Halethorpe No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 83 yrs. 4 mos. 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara A. Hoffman U. S. Veteran, specify WAR

(a) Residence: No. Fairview Avenue St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of George L. Hoffman

6. DATE OF BIRTH (month, day, and year) May 16 - 1856

7. AGE Years 83 Months 4 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

FATHER

13. NAME John Kahline

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Catherine Dennis (Address) Hammond Ferry Road

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Aug 5, 1939

19. UNDERTAKER Wm J Tickner Hons (Address) Lpace

20. FILED Aug. 3, 1939 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 3, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1939, to Aug 3, 1939

I last saw her alive on Aug 2, 1939; death is said to have occurred on the date stated above, at 9 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cancer of Veterus	1938
	8 mo

Other Contributory Causes of importance:

Arterio Sclerosis	3 yrs.
Chronic Nephritis	2 yrs.

Name of operation none Date of

What test confirmed diagnosis? pus Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R O Islamer M. D.

(Address) 2708 Hollins Ferry Rd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 7 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. R. L. Glaun
2708 Hollins Ferry Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95-E

07778

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Balto

City or town Towson Md Dulaney Valley Pike
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto

City or town Balto Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4004 Belle Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James E. Horney

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha F. Horney

6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.): Feby 14 1874

8. AGE: Years 65 | Months 5 | Days 23 | If less than one day ___ hrs. ___ min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual occupation: Lithographer

11. Industry or business: Gamse Bros.

FATHER
12. Name: James Horney
13. Birthplace: Maryland

MOTHER
14. Maiden name: Fannie Wirtz
15. Birthplace: Maryland

16. Informant: Bertha F. Horney
Address: 4004 Belle Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 9/1939 (month) (day) (year)

Cemetery or crematory: Woodlawn Cemetery

Location: Balto Md

18. Funeral director: Harry H. Armacost

Address: 4204 Ridgewood Ave

19. 8/8/39 (Date rec'd by registrar) 19 W M Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 6th 1939, at 4-40 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ___ 19 ___, to ___ 19 ___, and ~~that I last saw h~~ ___ alive on ___ 19 ___.

Immediate cause of death: Heart disease Coronary thrombosis was taken suddenly

Due to: ill while driving car stopped car on side

Due to: Rd got out called for help, collapsed and

Other conditions: died in few minutes

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: W. T. E. Nye Dept P.M. Ex
M. D. or other

Address: Pikesville Md Date signed 8-6-39

RECEIVED
AUG 18 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-C) Reg. Dist. No. 35 07779

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Res. Rayville, P.O. Parkton, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Res. Rayville, P.O. Parkton, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Sarah Elizabeth Stiffler Hoshall

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Fred Hoshall

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1865

8. AGE: Years 73 | Months 11 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace Parkton, Maryland.
(Town, county, and state)

10. Usual occupation House keeper

11. Industry or business On farm

FATHER
12. Name John Stiffler
13. Birthplace Parkton, Md.

MOTHER
14. Maiden Name Sarah Baublitz,
15. Birthplace Hampstead, Md.

16 (a) Informant Laurence Hoshall
(b) Address New Freedom, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1939 (month) (day) (year)
(c) Cemetery or crematory Pine Grove Cemetry
Location Rayville, Md.

18 (a) Funeral director R. N. Trabert
(b) Address Freeland, Md.

19 (a) Aug. 17 1939 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 15, 1939 at 6.20 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1, 1936, to Aug. 15, 1939, and that I last saw him alive on Aug. 14, 1939.

Immediate cause of death	Duration
Carcinoma of Sigmoid Colon	3 Years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Colostomy Aug. 36
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas. C. Cypress M. D. or other
Address White Hall, Md. Date signed Aug. 15, 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 37

CERTIFICATE OF DEATH

07780

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Cockeysville Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Masonic Home of Md

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 year 3 month

(e) Length of stay in this community (yrs., mos., or days) 8 day

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3118 Windsor Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Frank P. Hutchison

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) ~~Single, married, widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Mary E. Hutchison

6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) July 15-1857

8. AGE: Years 82 Months Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual occupation Engineer

11. Industry or business Railway & Steamship Co

FATHER

12. Name John T. Hutchison

13. Birthplace England

MOTHER

14. Maiden Name Julia Sutton

15. Birthplace Reedsville Northumberland Co. Va

16 (a) Informant Laura M. Schroeder

(b) Address Masonic Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5 - 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mount Olivet

Location

18 (a) Funeral director Geo. L. Beyer

(b) Address 1512 Hollins St

19 (a) Aug. 3-39 (Date rec'd by registrar) (b) Laura M. Schroeder Registrar

Wilmer C. Ensor Dept. Registrar.

MEDICAL CERTIFICATION

20. Date of death Aug 2 1939 at 8 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1934 to Aug 2 1939 and that I last saw him alive on Aug 2 / 1939

Immediate cause of death	Duration
Cerebral Hemorrhage	July 18-39
Due to Arterior Cirrhosis	1930
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wilbur F. Shellman M. D. or other

Address 6 E. Biddle St Date signed Aug 2/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2 1939
BUREAU V. S.

N

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (56)

07782

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
County: Baltimore
City or town: Owings Mills
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rosewood State Training School
Stay in hospital or inst. (yrs., or mos., or days): 3 yrs 9 mo 21 da
Stay in this community (yrs., or mos., or days): 3 yrs 9 mo 21 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Baltimore City
City or town: 3736 Towanda Ave Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Morris Kemich

3. (b) Social Security Number:

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): January 31, 1922

8. AGE: Years 17 Months 6 Days 5 If less than one day hrs. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Inmate; Rosewood State
11. Industry or business: Training School; Owings Mills Md

FATHER
12. Name: Joseph Kemich
13. Birthplace: Russia

MOTHER
14. Maiden name: Rose Nudler
15. Birthplace: Russia

16. Informant: Institutional Records; Rosewood
Address: State Training School; Owings Mills Md

17. (Burial, cremation, or removal. Which?) Date thereof: Aug 6/1939 (month) (day) (year)
Cemetery or crematory: Hebrew Mt Carmel Cemetery
Location: German Hill Road

18. Funeral director: Sol Levinson & Bros
Address: 1124-26 W North Ave

19. Aug. 6 1939 (Date rec'd by registrar) J. Frank Mollenack Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 5 1939, at 2:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1939, to Aug 5 1939, and that I last saw him alive on Aug 4 1939.

Immediate cause of death: Myocardial Insufficiency — DURATION: 3 wks
Due to: Acute Articular Rheumatism — 4 mo
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: George C. Medairy M.D.
M. D. or other
Address: Owings Mills, Md. Date signed: 8/5/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07781

1. PLACE OF DEATH

County Baltimore (93c) Registration Dist. No. 42

Village or City Lansdowne Md No. Hammon Ferry Road St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Killmeyer If U. S. Veteran, specify WAR

(a) Residence: No. Edna Ave and Hammon Ferry Rd. Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Elizabeth Killmeyer

6. DATE OF BIRTH (month, day, and year): Feb. 13 - 1857

7. AGE: Years 82 | Months 5 | Days 18 | If LESS then 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Retired
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Cooper
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Killmeyer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Anthony Killmeyer
(Address) Lansdowne Md.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Aug 12, 1939

19. UNDERTAKER: George L. Schwab.
(Address) 2101 Frederick ave.

20. FILED: Aug 10, 1939 Geo Keeffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jany, 1936 to Aug 9, 1939
I last saw him alive on Aug 8, 1939; death is said to have occurred on the date stated above, at 11:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arteriosclerosis	? years

Other Contributory Causes of importance:

Chronic Myocarditis	2-3
Myocardial degeneration	yrs

Name of operation: no Date of
Whet test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Geo. W. Keeffer M. D.
(Address) 2470 Wash Blvd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07783

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93c)

County Baltimore Registration Dist. No. 38

Village or City Parkville No. 2702 Taylor Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Frederick Klitz If U.S. Veteran, specify WAR

(a) Residence: No. 2702 Taylor Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 22, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Frederick Emil Klitz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Agnes Miller

16. BIRTHPLACE (city or town) Baltimore (State or country) Md.

17. INFORMANT Fred. E. Klitz
(Address) 2702 Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Memorial Date Aug 5, 1939

19. UNDERTAKER Leonard L. Ruck
(Address) 5305 Harford Rd.

20. FILED 8/2, 1939 G. M. Bacow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 2 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1934, to Aug. 2, 1939

I last saw h— alive on July 31, 1939; death is said to have occurred on the date stated above, at 1:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis (Rheumatic)	1934
Other Contributory Causes of Importance: Bronchitis	July 11, 1939

Name of operation None Date of

What test confirmed diegnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) G. M. Bacow M. D.

(Address) Parkville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07784

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (746)

County Balto. Registration Dist. No. 35

Village or City Towson No. 207 Courtland Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residanca in city or town where death occurrad ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche L. Leaverton If U. S. Veteran, specify WAR .....

(a) Residence: No. 207 Courtland ave St. Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud

6. DATE OF BIRTH (month, day, and year) June 4 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Chief Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Pen. Railroad

10. Data deceasad last workad at this occupation (month and yaar) .....

11. Total tima (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St Marys co Md.

FATHER

13. NAME Joseph Leaverton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Tenhagen

16. BIRTHPLACE (city or town) (State or country) St. Marys co Md

17. INFORMANT Maud Leaverton

(Address) 207 Courtland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Marshalee Date Aug 29, 1939

19. UNDERTAKER Martin K. E. Dippel

(Address) 7110 Bilair Rd

20. FILED 8/28, 1939 Harwell Tarlton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24th, 1939, to Aug. 26th, 1939

I last saw him alive on August 26th, 1939; death is said to have occurred on the date stated above, at 12:55 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other **Contributory Causes** of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19✓

Where did injury occur? ✓

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of dacaased? No

If so, specify .....

(Signed) Robert H. Allison M. D.

(Address) 4 Bushby St. Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

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SEP 1 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Spec.—2-29-28—L. F. S.—500 Bks.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates. MARGIN RESERVED FOR BINDING

HEALTH DEPARTMENT—CITY OF BALTIMORE

07785

CERTIFICATE OF DEATH 537

1—PLACE OF DEATH Leimbach

REGISTERED NO. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6211 Pinehurst Rd ST., WARD)

2—FULL NAME Mary Elizabeth Leimbach

(a) RESIDENCE NO. 6211 Pinehurst Road ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Leimbach

6 DATE OF BIRTH (month, day, and year) July 29, 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or....min.
	68	0	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto (State or country) Md.

PARENTS

10 NAME OF FATHER Peter Frederick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Katharine Rice

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mr. Geo Leimbach (Husband)

(Address) 6211 Pinehurst Rd.

15 Filed Aug 17, 1939 W. Garnet Vanstrom Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 16 1939

17 I HEREBY CERTIFY, That I attended deceased from Dec, 1938, to Aug 16, 1939, that I last saw her alive on Aug 16, 1939 and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH* was as follows:

Myxosarcoma L. Kidney

(duration) 3 yrs. + mos. ds.

CONTRIBUTORY (Secondary) Recurrence of Same - Cler Intestinal Obstruction (duration) yrs. 2 mos. + ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of May 1936

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) J. K. D. Mack, M. D.

, 19 (Address) 513 East 39th.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lorraine Park Cem.	Aug 19 1939
20 UNDERTAKER Henry Sauter & Sons Inc	ADDRESS Balto & Broadway

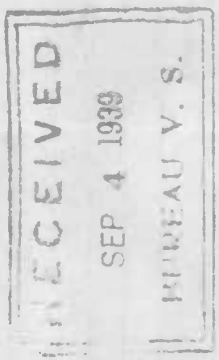
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Assn.]

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman,* etc. But in many cases, especially industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day Laborer, Farm Laborer, Laborer—Coal Mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary) may be entered as *Housewife, Housework* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired,* 6 *yrs.*). For persons who have no occupation whatever, write *None.*

Statement of Cause of Death.—Name, **first,** the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid the use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("pneumonia," unqualified, is indefinite); *Tuberculosis of the lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of . . . . .(name origin "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g. *sepsis tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50) Reg. Dist. No. 33

07786

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Reisterstown md (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 16 Aldyth Ave. Reisterstown, md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 17 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown, md. (If outside city or town limits, write RURAL and give town)
(d) Street No. — (If rural give location)
(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Louise Catherine Hohn Lentzner.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, widowed, or divorced. Married

6 (b) Name of husband or wife William G. Lentzner.

6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Dec. 9 1890.

8. AGE: Years 48 | Months 7 | Days 27 | If less than one day ——hr. ——min.

9. Birthplace Montana. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business —

FATHER
12. Name Henry H. Hohn.
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Johnson
15. Birthplace Sweden

16 (a) Informant William Lentzner
(b) Address Reisterstown, md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8, 1939 (month) (day) (year)
(c) Cemetery or crematory Asbury Cem.
Location Reisterstown rwd, Reisterstown

18 (a) Funeral director Wm. Berry mgr. & sons
(b) Address Reisterstown, md.

19 (a) Aug. 7, 1939 (Date rec'd by registrar) (b) J. Frank Hilterbrick Registrar

MEDICAL CERTIFICATION

20. Date of death 8-6 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-25 1938, to 8-6 1939, and that I last saw him alive on 8-6 1939.

Immediate cause of death	Duration
Carcinoma of Skull, Spine, Pelvis	2 yrs.
Due to Carcinoma of Breast.	
Due to	
Other conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of L. Breast 1937
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury None

23. Signature D. D. Caples, M. D. M. D. or other

Address Reisterstown, Md. Date signed 8-7-'39.

RECEIVED
AUG 9 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07787

1. PLACE OF DEATH (85)

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Wilson J. Lynch Sr. If U. S. Veteran, specify WAR

(a) Residence: No. 18 Sanford Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lida England Lynch

6. DATE OF BIRTH (month, dey, end year) June 21, 1865

7. AGE Years	Months	Deys	If LESS then 1 dey, hrs. or min.
74	1	28	

OCCUPATION

8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. Machinist

10. Oate deceased last worked et this occupetion (month and year)

11. Total time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME Capt. Nicholas Lynch

14. BIRTHPLACE (city or town) Md (Stete or country)

MOTHER

15. MAIDEN NAME Ann Huntee

16. BIRTHPLACE (city or town) Md (State or country)

17. INFORMANT Mrs. Joseph M. Hawkins (Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk. Oate 8/22/39

19. UNDERTAKER Harry N. Wittle (Address) 401 Edmondson Ave

20. FILED 8/22/39 H. C. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August, (Month) 19 (Oey) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1939 19 to Aug. 19, 39, 19

I lest saw h im elive on Aug. 19, 1939; deeth is said to heve occurred on the date steted ebove, at 6:45 PM

The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:

	Oate of onset
Idiopathic Epilepsy	1908 ?
Other Contributory Causes of Importence: Myocarditis.	1939
Coma. 1 week.	

Neme of operetion None Dete of

What test confirmed diegnosis? 0 Wes there en autopsy?

23. If deeth wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? 0 Dete of Injury , 19

Where did injury occur? 0 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury 0

Neture of injury 0

24. Wes diseese or injury in eny wey releted to occupetion of deceesed? No. ?

If so, specify

(Signed) J. Lloyd Johnson M. D.

(Address) Catonsville, Md.

If more blanks required, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 1 1933
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (77) Reg. Dist. No. 35

CERTIFICATE OF DEATH

07788

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town White Hall Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 83

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town White Hall
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME William Lytle

3 (b) If veteran, name war —

3 (c) Social Security No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28 1855

8. AGE: Years 83 | Months 9 | Days 19 | If less than one day ____hr. ____min.

9. Birthplace White Hall, Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Thomas Lytle
13. Birthplace Balto Co. Md

MOTHER 14. Maiden Name Emma H. Treadway
15. Birthplace Balto. Co Md

16 (a) Informant T. W. Lytle
(b) Address White Hall, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 1939 (month) (day) (year)
(c) Cemetery or crematory Vernon
Location White Hall, Md

18 (a) Funeral director D. Mackintosh & Son
(b) Address White Hall, Md

19 (a) Aug. 18 (Date rec'd by registrar) (b) Milnes Bortner M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 17 1939, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1936, to Aug 17 1939, and that I last saw him alive on Aug. 17 19 39.

Immediate cause of death	Duration
General arteriosclerosis	3 yrs. 5 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milnes Bortner, M.D. (M. D. or other)
Address White Hall, Md. Date signed Aug. 18

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-C)

Reg. Dist. No. 38

07789

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Towson (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 308 E. Burke Avenue

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 16 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Towson (If outside city or town limits, write RURAL and give town)

(d) Street No. 308 E. Burke Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Christina Malkus

3 (b) If veteran, name war ____

3 (c) Social Security No. ____

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Charles E. Malkus

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 26, 1877

8. AGE: Years 62 Months 2 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business AD Home

FATHER
12. Name Leisser
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Chas Malkus

(b) Address Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26 1939 (month) (day) (year)

(c) Cemetery or crematory Moreland Park

Location Parkville, Md.

18 (a) Funeral director

(b) Address

19 (a) Aug 27 39 (Date rec'd by registrar) (b) [illegible] Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. Date of death August 24 1939, at 12:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1939, to Aug 24 1939 and that I last saw ~~him~~ her alive on Aug 24 1939

Immediate cause of death Carcinoma of Sigmoid

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration about 6 months according to history

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. O. Sellman M.D. M. D. or other

Address Towson Md Date signed Aug 24 '39

VS. A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 4 1939
BUREAU V. S.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07790

CERTIFICATE OF DEATH (131)

1. PLACE OF DEATH Registered No. 38

CITY OF BALTIMORE: (No. 3005 Du Boise St., Av Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas F. Malooly. If U. S. Veteran specify WAR .....

(a) Residence: No. 3005 Du Boise St., Av Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Malooly.

6. DATE OF BIRTH (month, day, year) 1-9-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
49	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Service Mngr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ediphone Corp.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore maryland.

FATHER

13. NAME Wm F Malooly

14. BIRTHPLACE (city or town) (State or country) Baltimore maryland.

MOTHER

15. MAIDEN NAME Catherine Lynch

16. BIRTHPLACE (city or town) (State or country) Baltimore maryland

17. INFORMANT Mary Malooly (Address) 3005 Du Boise Av

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date 8-7-39 19

19. UNDERTAKER Leonard J Rush (Address) 5305 Harford Road

20. FILED 8/6 1939 A. M. Bacon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-3-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1939, to Aug 3rd, 1939

I last saw him alive on Aug 3rd, 1939. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	

Other contributory causes of importance: Hypertension and terminal uremia

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation —

What test confirmed diagnosis Urine Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Francis L. Bagli, M. D.

(Address) 6077 Harf. Rd.

VS 3

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 4 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07791

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (820)

County Baltimore Registration Dist. No. 41

Village or City Dundalk No. 262 Colgate Ave., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ABIGIL E. MANNION If U. S. Veteran, specify WAR /

(a) Residence: No. 262 Colgate Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of JAMES T. MANNION

6. DATE OF BIRTH (month, day, and year) JULY 24, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	—	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ...

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. HOUSEWIFE

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) BALTO., CO. (DUNDALK) (State or country)

FATHER

13. NAME WILLIAM GAMBRILL

14. BIRTHPLACE (city or town) BALTO., (State or country) MD.

MOTHER

15. MAIDEN NAME MARY E. KELLY

16. BIRTHPLACE (city or town) BALTO., (State or country) MD.

17. INFORMANT MR. JAMES T. MANNION (Address) 262 COLGATE AVE.

18. BURIAL, CREMATION, ~~OR REMOVAL~~

Place OAK LAWN CEM. Date 8/10/, 1939.

19. UNDERTAKER Mary M. Niedefeld (Address) 504 E. 22nd St.

20. FILED Aug. 8/39 Milton M. Bramburg Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July August 8, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1939, to August 8, 1939

I last saw her alive on August 8, 1939; death is said to have occurred on the data stated above, at 12:38 A.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Obesity	1924
Arteriosclerosis	?
Hypertension	?
Cerebral Hemorrhage	8-1-39
Other **Contributory Causes** of Importance:	
Climacteric	April '39
Climacteric	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Mark Hall Condon M. D.

(Address) 7 Dundalk Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Md. [illegible] DUNN

W. M. Blauvelt, Reg.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 42

CERTIFICATE OF DEATH

(142)

07792

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Halethorpe
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 49 Oregon ave

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---

(e) Length of stay in this community (yrs., mos., or days) 2 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Halethorpe Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 49 Oregon ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? ---years

3 (a) **FULL NAME** Ira Ward McCauley

3 (b) If veteran, name war yes World War

3 (c) Social Security No. 213-10-9835

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Catherine E. McCauley

6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Oct 14 1889

8. **AGE:** Years 49 | Months 10 | Days — | If less than one day ---hr. ---min.

9. Birthplace Balto Co
(Town, county, and state)

10. Usual occupation Metal Castings Core maker

11. Industry or business U.S. Navy Yard

FATHER

12. Name Elmer W. McCauley

13. Birthplace Balto Co Md

MOTHER

14. Maiden Name Emily J. Henry

15. Birthplace Balto Co Md

16 (a) Informant Elmer W. McCauley

(b) Address 2703 Hampden ave

17 (a) U.S. National Cemetery (Burial, cremation, or removal) (b) Date thereof 8/17/39 (month) (day) (year)

(c) Cemetery or crematory U.S. National Cemetery

Location Baltimore Md

18 (a) Funeral director Geo. Wilson & Son

(b) Address 2503 Edmondson ave

19 (a) Aug 15 1939 (Date rec'd by registrar) (b) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. Date of death August 14 19 39 at 4-30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw him alive on — 19—.

Immediate cause of death	Duration
Coronary Thrombosis	sudden
Due to	
Due to Sudden death	
Other conditions Inquiry	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Geo. Kieffer Deputy Med Examiner of Balto Co
(M. D. or other)

Address 1010 Leadenhall Date signed Aug 15 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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AUG 18 193
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107-01

07793

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 3 mon. 25 days

Stay in this community (yrs., or mos., or days): 7

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Baltimore Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1631 Park Ave., (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edward McMenamin

3. (b) Social Security Number

4. Sex: M.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife: Lilly

Dead

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 23, 1868

8. AGE: Years 71 Months 1 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Paper Hanger

11. Industry or business: —

FATHER

12. Name: Dominick McMenamin

13. Birthplace: Ireland.

MOTHER

14. Maiden name: Rose Kelly

15. Birthplace: Ireland.

16. Informant: Hosp. record.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 9 1939 (month) (day) (year)

Cemetery or crematory

Location: Washington DC

18. Funeral director: Charles S Zuckerst

Address: 301 East Capitol St

Ward DC

19. 8/9 (Date rec'd by registrar) 19 39 [signature] Registrar

Dept

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 9 1939, at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 14 1939, to Aug 9 1939, and that I last saw him alive on Aug 9 1939.

Immediate cause of death: Broncho pneumonia — DURATION: 13 days

Due to: Arteriosclerosis — Before 1936

Due to: Psychosis with Cerebral arteriosclerosis — 3 yrs.

Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: As above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: Injured at work?

23. SIGNATURE: Robert E. Hardner M.D. M. D. or other

Address: Catonsville, Md. Date signed: 8-9-39

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AUG 16 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07794

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Baltimore County (82-a) Registration Dist. No. 30

Village or City Woodlawn No. Feather Bed Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes May Meekins If U. S. Veteran, specify WAR

(a) Residence: No. Feather Bed Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin F. Meekins

6. DATE OF BIRTH (month, day, and year) July 29, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co.
(State or country) Maryland

FATHER

13. NAME Philip Glick

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Annie Kirk

16. BIRTHPLACE (city or town) Baltimore co.
(State or country) Maryland

17. INFORMANT Pearl Rollecke
(Address) Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olive Cem. Date August 29, 1939

19. UNDERTAKER E. W. Lamoureux
(Address) 1003 W. Baltimore St.

20. FILED 8/28, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 26 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Aug 26 1939
I last saw h-- alive on Aug 26, 1939; death is said to have occurred on the date stated above, at 7 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 26

Other Contributory Causes of importance:

Arterio Sclerosis	1937

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. C. Lamoureux M. D.

(Address) 4509 Liberty Hgts Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 1 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

07795

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:

County Baltimore

City or town Pikesville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Upland Rd

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 12 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Pikesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Upland Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Andrew F Meusel

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Annie E

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) May 21, 18, 1868

8. AGE: Years 71 | Months 3 | Days 3 | If less than one day ___ hrs. ___ min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual occupation Floor Craftsman

11. Industry or business Self

FATHER
12. Name Daniel Meusel
13. Birthplace Germany

MOTHER
14. Maiden name Barbara Ducherdt
15. Birthplace Germany

16. Informant Annie E Meusel

Address Upland Rd Pikesville

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 26/39 (month) (day) (year)

Cemetery or crematory Mt Olive

Location Randalstown

18. Funeral director William Cook

Address 1217 St Paul St

19. Aug. 24 1939 (Date rec'd by registrar) C. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1939, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1938, to August 24th 1939, and that I last saw him alive on August 24th 1939.

Immediate cause of death: Chronic Nephritis — Duration: 6 months

Due to: Hypertension — 2 yrs.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James A. Miller M.D. M. D. or other

Address Pikesville, Md Date signed 8/24/39

RECEIVED
AUG 26 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07796

46-B

1. PLACE OF DEATH

County Baltimore Co. Registration Dist. No. 42

Village or City Halethorpe No. 276 Magnolia Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanor B. Meyd If U. S. Veteran, specify WAR

(a) Residence: No. 276 Magnolia Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B.

6. DATE OF BIRTH (month, day, and year) June 21 - 1871

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	68	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Self

10. Date deceased last worked at this occupation (month and year) Jan-1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Frances Schwakopf

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Bopp.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George C. Meyd (Address) 276 Magnolia Ave Halethorpe

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Sept 2 - 1939

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED Aug 30, 1939 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 30 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 15, 1939, to August 31, 1939

I last saw her alive on August 30, 1939; death is said to have occurred on the date stated above, at 11:45 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach with generalized metastases	17 years

Other Contributory Causes of Importance:

Vomiting c̄ dehydration	1 week +

Name of operation Exploratory Date of ?

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following: ✓

Accident, suicide, or homicide? ✓ Date of Injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) Frederic J. Beitler M. D.

(Address) Reeds - Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 2 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (164)

07797

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Middle River Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Theodore Meyers

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced widower
6 (b) Name of husband or wife Elva A. Page
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov. 8 - 1908
8. AGE: Years 35 Months 9 Days 1 If less than one day hrs. min.
9. Birthplace Montclaire N. J.
(Town, county, and state)
10. Usual occupation
11. Industry or business Glenn L. Martin Co.
FATHER 12. Name William C. Meyers
13. Birthplace New York City
MOTHER 14. Maiden name Mae Rodgers
15. Birthplace Keokuk Iowa
16. Informant Mr. Chas. Myers
Address 520 W. Walker St. Allegheny Park Ga.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 11-39 (month) (day) (year)
Cemetery or crematory Oak Lawn
Location Eastern Ave. Road
18. Funeral director John G. Connelly
Address Essex Md.
19. Aug 10 1939 John G. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1939, at ? M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 ,
~~and that I last saw h alive on~~ 19 .
Immediate cause of death Carbon monoxide gas poisoning in Auto, hose from exhaust to inside car, doors and windows all shut
Due to
Due to was a case of suicide
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
~~Accident~~, suicide, ~~or homicide~~ Inventor Date of 8-9-39
Where did injury occur? Essex (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. O. Mpse Dept. P. M. Ex
M. D. or other
Address Sykesville Md Date signed 8-9-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1939
BUREAU V. S.

07798

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 32

1 PLACE OF DEATH
County Balto.
Village or City Catonsville (No. 1300 Frederick Rd. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Margaret E. Miller

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Fem.	White	Widow

6 DATE OF BIRTH Oct. 11, 1861 (Month) (Day) (Year)

7 AGE 77 yrs. 10 mos. 3 ds. If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country) Phila - Pa.

PARENTS

10 NAME OF FATHER David Jones.

11 BIRTHPLACE OF FATHER (State or country) Wales

12 MAIDEN NAME OF MOTHER Jane Davis

13 BIRTHPLACE OF MOTHER (State or Country) Wales.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Mary Johns. Dr
(Address) 3131 O'Donnell St

15 Filed 8/14 1939 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 14, 1939 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from 8-11 1939 to 8-13, 1939 that I last saw h[illegible] alive on 8-13, 1939 and that death occurred on the date stated above, at 6 a.m.

The CAUSE OF DEATH * was as follows:

Cerebral Hemorrhage (Duration) yrs. 2 mos. ds.

Contributory Secondary Hypertension (Duration) 2 yrs. mos. ds.

(Signed) George E Urban M. D.
192 (Address) 102 Fred. Rd

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted, if not at place of death?
Former or usual residence 3131 O'Donnell St. Balto. Md.

19 PLACE OF BURIAL OR REMOVAL Western Cemetery — DATE OF BURIAL Aug 16, 1939

20 UNDERTAKER Wm J Tickner & Sons — ADDRESS North & Pa.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. No. 1

10

Dr. Urban
803 Fredk Rd - Catonsville

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
AUG 27 1933
BUREAU OF VIT. STATS.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (50)

Registered No. 42 07799

1. PLACE OF DEATH:
(a) Baltimore ~~City~~ County, Maryland Belle Ave
(b) Street address Oak Old Washington Rd
(c) Hospital or institution: ~~Sand~~ Halethorpe
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Halethorpe
(If outside city or town limits, write RURAL and give town)
(d) Street No. Belle Ave & Washington Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? 54 yrs. years

3 (a) FULL NAME Christina Morris

3 (b) If veteran, name war no
3 (c) Social Security Account No. none

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Charles Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29. 1886

8. AGE: Years ~~54~~ 53 Months - Days 23 If less than one day hr. min.

9. Birthplace Drawbridge. Va
(Town, county and state)

10. Usual Occupation
11. Industry or business House. Work

FATHER
12. Name Noland Hurley
13. Birthplace Drawbridge Va

MOTHER
14. Maiden Name Tedia Henry
15. Birthplace Dorchester County Md

16 (a) Informant Christian Hurley
(b) Address 283 2 Washington Road

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 25 39 (month) (day) (year)
(c) Cemetery or crematory Oak Town Cem
Location Eastern Ave Road

18 (a) Funeral director Wendell J Hessel
(b) Address 140 5 Gough St

19 (a) Aug 27 39 (b) Geo. Kieffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1939 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Carcinoma right breast
Due to
Due to Metastases General
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration: 6 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. M. Kieffer Deputy Med Exam Balto M.D.
Address 1010 Leeds Date signed Aug 24 39

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE P[illegible], WITH UNFADING INK. Every item of information sh[illegible] e[illegible]ully supplied. The correct age is especia[illegible]portant. Physicians: please write the causes of death clear[illegible] legibly.

RECEIVED
SEP 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07800

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 41

Village or City North Point Rd No. R.F.D. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm B. Muse

(a) Residence: No. North Point Road Ward R.F.D.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Col

5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)~~: Yes

5e. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~: Mary Washington

6. DATE OF BIRTH (month, day, and year): June 29-1894

7. AGE: Years 45 | Months 2 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Steel Mills

10. Date deceased last worked at this occupation (month and year): 6/23/39

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: William Muse Sr.

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Flora Wright

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mary Muse

(Address) North Pt. Rd R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date Sept 1st, 1939

19. UNDERTAKER: Archibald A. Gaddis

(Address) 2101 McElderry St.

20. FILED 9/1/39, 19... M. L. Lawrence Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Aug 31-39 (Month) (Day) , 193 (Year)

22. I HEREBY CERTIFY That I attended deceased from 6/23/39 19... to Aug 31-1939

I last saw h... alive on Aug 31-1939; death is said to have occurred on the date stated above, at 4 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6/23/39

Other Contributory Causes of Importance:

Arterio Sclerosis — Tuberculosis

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 4 1939
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07801

1. PLACE OF DEATH (942)

County Balto. Registration Dist. No. 43

Village or City Raspberry No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John G. Nohe If U. S. Veteran, specify WAR

(a) Residence: No. 601 Old Home Rd. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Catherine

6. DATE OF BIRTH (month, day, and year): Nov 2 1887

7. AGE: Years 51 Months 9 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Forman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: McCormick Co

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

7499

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Charles Nohe

14. BIRTHPLACE (city or town) (State or country): Balto.

MOTHER

15. MAIDEN NAME: Walburga Kellner

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT (Address): Edward Nohe 601 Old Home Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Aug 22, 1939

19. UNDERTAKER (Address): Martin W. E. Dippel 7110 Belair Rd

20. FILED: 8/21, 1939 Mrs G. A. Fritz Acting Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to Aug. 19, 1939

I last saw him alive on Aug 19, 1939; death is said to have occurred on the date stated above, at 9:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Aug 18, 1939

Other Contributory Causes of importance:

Generalized Arteria Sclerosis	?

Name of operation ✓ Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Social Security Account No 215-05-4772

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

BROOKLYN RD
AUG 26 1939
BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 33

CERTIFICATE OF DEATH

(97)

07802

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Reisterstown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 80 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Samuel Owings

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sarah E. Owings

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1847

8. **AGE:** Years 92 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Baltimore Co. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Beall Owings
13. Birthplace Maryland

MOTHER
14. Maiden Name Achsah Jessopp
15. Birthplace Maryland

16 (a) Informant Wm. F. Owings
(b) Address Reisterstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29, 1939 (month) (day) (year)
(c) Cemetery or crematory All Saints
Location Reisterstown, Md.

18 (a) Funeral director J. F. Eline & Sons
(b) Address Reisterstown, Md.

19 (a) Aug. 29, 1939 (Date rec'd by registrar) (b) J. Brad Miller M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 26 1939, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1st 1939, to Aug 26th 1939, and that I last saw him alive on Aug 26th 1939.

Immediate cause of death

Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. Brad Miller M.D. M. D. or other

Address Reisterstown Date signed 8/28/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (51-B) Reg. Dist. No. 43

CERTIFICATE OF DEATH

07803

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 4807 Kenwood Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 15

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 4807 Kenwood Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME William G Parks

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mary A. Parks

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1878

8. AGE: Years 60 | Months 9 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Balto City Md. (Town, county, and state)

10. Usual occupation Painter

11. Industry or business General painting

FATHER 12. Name Wm G. Parks

13. Birthplace Balto. City Md.

MOTHER 14. Maiden Name Annie Hitzelberger

15. Birthplace Balto. City Md.

16 (a) Informant Mrs. Mary A Parks

(b) Address 4807 Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto City Md

18 (a) Funeral director L. Lansdale & Son

(b) Address 7401 Belair Rd.

19 (a) 8/25/39 (Date rec'd by registrar) (b) Mrs G. A. Fuhy Acting Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 23 1939, at 6:58 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1939, to Aug 23 1939 and that I last saw him alive on Aug 23 1939.

Immediate cause of death	Duration
Due to Carcinoma of bladder	4 yrs
Due to Carcinoma of prostate	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Athel M Andrew (M. D. or other)

Address 4116 Northern Pkwy Date signed 8/24/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(83)

07804

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 month 13 days

Stay in this community (yrs., or mos., or days): 1 month 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 845 Ducatel Street
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME

Winfield Patterson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Hazel Kline

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 18, 1902

8. AGE: Yeare	Months	Days	If less than one day
37	5	5	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Unemployed

11. Industry or business

FATHER

12. Name: William P. Patterson

13. Birthplace: Maryland

MOTHER

14. Maiden name: Bessie L. Dooley

15. Birthplace: Kentucky

16. Informant: Hospital Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 25-39 (month) (day) (year)

Cemetery or crematory: Woodlawn

Location: Woodlawn Md.

16. Funeral director: Harris Cook Sufer

Address: 1600 W. North Ave

19. August 23 1939 (Date rec'd by registrar) — Registrar

Deputy Coral.

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 23, 1939, at 2:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10, 1939, to August 23, 1939, and that I last saw him alive on August 23, 1939.

	DURATION
Immediate cause of death: Chronic myocarditis	Before 1939
Due to: General Paresis	Before 1939
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: As given above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Spring Grove Hospital Date signed:

RECEIVED
AUG 24 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-a)

07805

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: Bucks
County Parkton
City or town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cameron Mill Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town Parkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Geo A. Perry

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife Sadie Spicer
6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Aug 20-1871

8. AGE: Years 68 | Months 0 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace Stewartstown Pa
(Town, county, and state)
10. Usual occupation County Rd. Labour
11. Industry or business —

FATHER
12. Name Bentley Perry
13. Birthplace Unknown

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs. Sadie Perry
Address Parkton, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Aug 27-1939 (month) (day) (year)
Cemetery or crematory Pine Grove
Location Parkton R.R.D. Md

18. Funeral director P. Markleson
Address White Hall. Md

19. Aug. 26 1939 Milner Bortney M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1939, at 3-45 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, ~~to~~ ~~19~~, ~~and that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death Valvular heart disease

Due to

Due to

Other conditions Senile debility

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. B. Myse Dept P.M. Ex
M. D. or other
Address Pikesville Md Date signed 8-24-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 93-E

Reg. Dist. No. 39

07806

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Sunnybrook (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 72yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sunnybrook (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Magdelena Sophia Pocock

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William E. Pocock

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) May 20, 1866

8. AGE: Years	Months	Days	If less than one day
73	2	12	hr. min.

9. Birthplace Sunnybrook, Balto. Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Henry Brown
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Brown (?)
15. Birthplace Germany

16 (a) Informant William E. Pocock
(b) Address Sunnybrook, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1939 (month) (day) (year)
(c) Cemetery or crematory Fairview Methodist
Location Sunnybrook, Md.

18 (a) Funeral director John Burns Sons
(b) Address Towson, Md.

19 (a) Aug 3 1939 (Date rec'd by registrar) (b) Anna P. Price Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 1, 1939, at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/3 1939, to 7/30 1939, and that I last saw him alive on 7/30 1939.

Immediate cause of death	Duration
Cerebral Apoplexy	
Due to Hypertensive Cardio Vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. G. de Queralt, M.D. (M. D. or other)

Address Box 676 Towson, Md. Date signed 8/2/39

RECEIVED
SEP 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (175)

07807

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Dundalk, Dallas Sta
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto
City or town Baltimore Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2609 Boone St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Pryor (c) ~~Unknown~~
3. (b) Social Security Number 215-09-5728

4. Sex Male
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Anna Pryor
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)

8. AGE: about 52 Years | Months | Days | If less than one day hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Wyoming Roofing Co
FATHER 12. Name Dick Pryor
13. Birthplace Va
MOTHER 14. Maiden name Unknown
15. Birthplace Va
16. Informant Anna Pryor
Address 2609 Boone St
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 16/39 (month) (day) (year)
Cemetery or crematory Mt Calvary Tem
Location A. A. Co
18. Funeral director Payner Sanders
Address 1412 E Preston St
19. Aug 13th 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1939, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
~~and that I last saw~~ h alive on 19 .
Immediate cause of death Drowning in Bear Creek at Dallas Station
Due to no one found who knew how it happened
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide doubtful Date of 8-13-1939
Where did injury occur? Dundalk (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?) on water
Means of injury Drowning Injured at work?

23. SIGNATURE W. G. E. Myer Dept. S.M. Ex. M. D. or other
Address Jessville Md Date signed 8-13-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 15 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 46

07808

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Middle River
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Wilson Point Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)

(d) Street No. Wilson Pt. Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Infant of Ernest F. and Cecile Rederman

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19th 1939

8. AGE: Years | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Middle River, Balto. Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Ernest F. Rederman

FATHER 13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Cecile Love

MOTHER 15. Birthplace Baltimore Maryland

16 (a) Informant Mr. Ernest F. Rederman

(b) Address Middle River Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21st 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cemetery

Location Baltimore Cemetery

18 (a) Funeral director Fred. Lessan & Son

(b) Address 7401 Belair Road

19 (a) Aug 20 th 39 (Date rec'd by registrar) (b) John F. Connolly Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 19 1939, at 11:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Stillbirth	
Due to Premature Separation of Placenta	
Due to	
Other conditions Furniture around neck (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John Costantini M.D.
M. D. or other

Address 211 S. Conkling St. Date signed 8-20-39

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SEP 4 1939
BUREAU V. S.

07809

STATE OF MARYLAND
CERTIFICATE OF DEATH

(131)

Registration Dist. No. 40

[1]PLACE OF DEATH

County Baltimore

Village or City Dundalk (No. Route 3 Bx 904 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

[2]FULL NAME Walter Redman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Aug. 13 (Month) (Day), 1887 (Year)

7 AGE: 52 yrs. mos. ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Farmhand
(b) General nature of industry business, or establishment in which employed or (employer): Farm

9 BIRTHPLACE (State or country): Dunnsville Va

PARENTS

10 NAME OF FATHER: Soloman Redman

11 BIRTHPLACE OF FATHER (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Fannie Lewis

13 BIRTHPLACE OF MOTHER (State or Country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Millie Redman

(Address) Route 3 Bx 904 - Dundalk

15 Filed Aug 8 - 1939 Harry Wall Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: August (Month) 6 (Day) 1939 (Year) 192

17 I HEREBY CERTIFY, That I attended the deceased from August 5 1939 to August 6, 1939, that I last saw him alive on August 5, 1939, and that death occurred on the date stated above, at 1 a.m.

The CAUSE OF DEATH * was as follows:

Aortic Insufficiency
Chronic Nephritis

(Durstion) ? yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) F. K. Adams M.D.

Aug. 6 1939 (Address) 1222 N. Caroline

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Mt Calvary Cem.

DATE OF BURIAL: August 9 1939

20 UNDERTAKER: Robert E Williams 1515 McEldery H

ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

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BUREAU VS

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

07810

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(34)

Reg. Dist. No. 32

1. PLACE OF DEATH:

County Baltimore

City or town Mount Wilson
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

Stay in hospital or inst. (yrs., or mos., or days) 1 yr., 6mos., 16 days

Stay in this community (yrs., or mos., or days) 1 yr., 6 mos., 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4256 Sheldon Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilson B. Roberts

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1879

8. AGE:

Years	Months	Days	If less than one day
60	2	20	hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Proprietor

11. Industry or business Billiard Room

FATHER
12. Name William B. Roberts
13. Birthplace France

MOTHER
14. Maiden name Katherine C. Myer
15. Birthplace Germany

16. Informant Eleanor Pearson
Address Mount Wilson, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 26, 1939 (month) (day) (year)

Cemetery or crematory Baltimore Cemetery

Location Baltimore, Maryland

18. Funeral director John Ullrich

Address 2008 Orleans St., Baltimore, Md.

19. 8/22/39 (Date rec'd by registrar) 19 J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22, 1939, at 9.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 6, 1938, to August 22 1939, and that I last saw him alive on August 22, 1939.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	Since July 1937
Tuberculous Laryngitis	Since July 1938
Due to	
Due to	
Other conditions Syphilis	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John A. Smith M. D.

Address Mount Wilson, Md. Date signed 8/22/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07811

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Baltimore (117) Registration Dist. No. 42

Village or City Catonsville No. Stafford Drive St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert [illegible] Scheufele If U. S. Veteran, specify WAR

(a) Residence: No. Stafford Drive St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Oct 12, 1938

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Catonsville Md.
(State or country)

FATHER

13. NAME Raymond T. Scheufele

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Margaret Stook

16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Mr Raymond T. Scheufele
(Address) Stafford Drive Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Meadow Ridge Cem Date 8/19/, 1939

19. UNDERTAKER John J Cowan & Son
(Address) 901 Hollins St

20. FILED Aug 18, 1939 Leo Kieffer
(Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 17th, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1939, to Aug 17, 1939

I last saw him alive on Aug 17, 1939; death is said to have occurred on the date stated above, at 5 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Diarrhoea and Enteritis	Aug 11/39

Other **Contributory Causes** of importance: —

Name of operation — Date of

What test confirmed diagnosis? Diarrhoea Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. J. Glenn M. D.

(Address) 2702 Hollins Ferry Rd

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(131)

07812

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp.
Stay in hospital or inst. (yrs., or mos., or days): 4 mon 4 days
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto.
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL, NEAR and give town)
Street No. 1735 No. Bond St.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bertha Schmuck
3. (b) Social Security Number

4. Sex: F.
5. Color or race: W.
6. (a) Single, married, widowed, or divorced: Marr.
6 (b) Name of husband or wife: Wm Schmuck
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept. 2, 1891

8. AGE: Years 47 Months 11 Days 7 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore, Balto. Co. Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Gebhart Renz
13. Birthplace: Germany
MOTHER 14. Maiden name: Emma Schulenberg
15. Birthplace:
16. Informant: Wm Schmuck
Address: 1735 Bond St, Balto. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-11-39 (month) (day) (year)
Cemetery or crematory: Parkwood
Location: Taylor Ave
18. Funeral director: John Ullrich
Address: 2008 Orleans St
19. 8/9 1939 (Date rec'd by registrar) H. Andrews Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 9th 1939, at 3:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 5 1939, to Aug 9 1939; and that I last saw her alive on Aug. 9 1939.

Immediate cause of death: Cerebral hemorrhage — DURATION: 1 day
~~Due to~~ Uremia — 2 days
Due to Chr. nephritis — Before 1939.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: As above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Robert E. Gardner M.D. M.D. or other
Address: Catonsville Md Date signed 8/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 1 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07813

45-B

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 20

Village or City Catonsville Md. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Schwarzenbach If U. S. Veteran, specify WAR

(a) Residence: No. 687 Prospect Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth M. (nee Hafer)

6. DATE OF BIRTH (month, day, and year) Sept. 5, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Pharmacist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore

(State or country) Md.

FATHER

13. NAME Charles E. Schwarzenbach

14. BIRTHPLACE (city or town)

(State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hinkler

16. BIRTHPLACE (city or town) Md.

(State or country)

17. INFORMANT Mrs. Ruth M. Schwarzenbach

(Address) 687 Prospect Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Data 8/5/39, 19

19. UNDERTAKER Harry H. Weitzel

(Address) 1101 Edmondson Ave

20. FILED 8/5/39 H. L. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 2nd (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1938, to Aug 2-, 1939

I last saw him alive on , 19 ; daath is said to have occurrad on tha data statad above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:

	Date of onset
Carcinoma of Tongue	1938
Dther Contribntory Causes of Importanca:	

Name of operation Date of

What tast confirmad diagnosis? Biopsy Was thare an autopsy?

23. If daath was due to axtarnal causes (VIOLENCE) fili in also the following:

Accident, suicida, or homicide? Data of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Natura of injury

24. Was disease or injury in any way relatad to occupation of dacaased?

If so, spacify

(Signed) Chas A Aehm M. D.

(Address) 2145 W. Balto St

If more blanks are needed, addrass State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07814

1. PLACE OF DEATH

County Baltimore Registration Dist. No.

Village or City Randallstown No. Green Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Harriett A. Seeley (Hattie A. Seelye) If U. S. Veteran, specify WAR

(a) Residence: No. Green Lane St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William S Seeley

6. DATE OF BIRTH (month, day, and year): March 16 1862

7. AGE: Years 77 Months 5 Days 3 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country): Washington DC

FATHER

13. NAME: Nelson R. Peregoy

14. BIRTHPLACE (city or town) (State or country): Ind.

MOTHER

15. MAIDEN NAME: Anne Stahl

16. BIRTHPLACE (city or town) (State or country): Ind

17. INFORMANT (Address): Katherine B Hagenrater Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Dem Date Aug 22", 1939

19. UNDERTAKER (Address): E. W. Lamoreau 1003 W. Balto Street

20. FILED Aug 20, 1939 J. J. Miller Pict Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 19" (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That ~~I attended deceased from~~ ___, 19___, to ___, 19___

~~I last saw h___ alive on~~ ___, 19___; death is said to have occurred on the date stated above, at 10 45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Heart disease — Date of onset 8-19-39

Other Contributory Causes of importance: Paralysis and senile depression

Name of operation — Date of

What test confirmed diagnosis? history Was there an autopsy? non

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. P. O. Wyse Dept P M Ex M.D.

(Address) Pikesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 23 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95P)

Reg. Dist. No. 38

CERTIFICATE OF DEATH

07815

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Parkville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Old Harford Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Parkville (If outside city or town limits, write RURAL and give town)

(d) Street No. Old Harford Rd. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME George Aaron Seidel

3 (b) If veteran, name war —

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Elizabeth Seidel

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 1st 1865

8. AGE: Years 74 Months 3 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Balto. Co. Md (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Home builder

FATHER

12. Name Frank Seidel

13. Birthplace Germany

MOTHER

14. Maiden Name —

15. Birthplace —

16 (a) Informant Peter Simon

(b) Address Old Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22 1939 (month) (day) (year)

(c) Cemetery or crematory St Josephs

Location Balto Co. Md.

18 (a) Funeral director Fredk Lassalle & Son

(b) Address 7401 Belair Rd

19 (a) 8/19/39 (Date rec'd by registrar) (b) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 18 1939, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1938, to Aug 18 1939, and that I last saw him alive on Aug 18 1939

Immediate cause of death Coronary thrombosis — Duration Instant

Due to Arterio-Sclerotic Cardio vascular disease — ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. M. Baumgardner MD (M. D. or other)

Address Rosedale Md Date signed 8/18/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 30 1939
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 20 07815

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 16 Fusting ave Home
(c) Hospital or institution: Gilded Center Convalescent
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 N. Calhoun St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Anna Shilman

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Solomon J.
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) unk.

8. AGE: Years 60 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business ✓

MOTHER / FATHER
12. Name Pabe Levin
13. Birthplace Russia
14. Maiden Name Pabid Levin
15. Birthplace Russia

16 (a) Informant Husband
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-39 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Belair Rd.
18 (a) Funeral director Jack Levine Jos
(b) Address 1439 E. Balto St
19 (a) 8/8/39 (Date rec'd by registrar) (b) H. C. Anderson Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3d 1939, at 1.30 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2d 1939, to Aug 3 1939, and that I last saw h alive on Aug 2 1939.

Immediate cause of death	Duration
Arteriosclerosis	
Coronary Thrombosis	
Due to Cerebral Hemorrhage	
Due to	
Other Conditions Pulmonary Edema	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature H. Kadin M. D.
Address 2306 Eastern Ave Date signed 8/3/39

VS 3

RECEIVED
SEP 1 1939
BUREAU V. S.

2306 Eritrea

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (195)

07817

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Howard Ave & French's Park
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Baltimore Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1803 Jackson Str.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lawrence Elmer Shue

3. (b) Social Security Number

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Anna B. (Neal)
8(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 4th - 1914
8. AGE: Years 25 Months 2 Days 12 If less than one day hrs. min.
9. Birthplace Balto. Md. (Town, county, and state)
10. Usual occupation Cutter
11. Industry or business
FATHER 12. Name Lawrence Shue
13. Birthplace Balto Md.
MOTHER 14. Maiden name unknown
15. Birthplace
16. Informant Mrs. Anna B Shue
Address 1803 Jackson Str.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug-19-1939 (month) (day) (year)
Cemetery or crematory Edgar Hill Cem
Location Gov. Ritchie Highway
18. Funeral director John S. Connelly
Address Essex Md.
19. 8/19 - 1939 (Date rec'd by registrar) John S. Connelly Registrar

MEDICAL CERTIFICATION hour unknown

20. DATE OF DEATH Aug 16th 1939, at P M
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19 , ~~and that I last saw h alive~~ on 19
Immediate cause of death was a 22 cal rifle bullet, shot through his head from right to left intersecting about 1½ inches above right ear.
Due to
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy Made at Balto City Morgue

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Don't know Date of 8-16-39
Where did injury occur? Essex (City or town) Balto (County) Md (State)
Injured at home, farm, industry, public place (where?) in his home
Means of injury Gun shot Injured at work? No

23. SIGNATURE W. P. O. Mse Dept P.M. Ex M. D. or other
Address Pikesville Md Date signed 8-18-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 22 1944
A.A.U.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-E) Reg. Dist. No. 38

CERTIFICATE OF DEATH

07818

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Towson (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 73 Cedar Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) ——
(e) Length of stay in this community (yrs., mos., or days) 19 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 73 Cedar Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Maria Simmonds

3 (b) If veteran, name war ——

3 (c) Social Security No. ——

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Samuel Simmonds

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 6, 1885

8. AGE: Years 54 Months 5 Days 14 If less than one day ——hr. ——min.

9. Birthplace France (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER 12. Name Francis Michaud

FATHER 13. Birthplace France

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace France

16 (a) Informant Mrs. Samuel Simmonds

(b) Address 73 Cedar ave., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1939 (month) (day) (year)

(c) Cemetery or crematory Prospect Hill

Location Towson, Md.

18 (a) Funeral director John Burgei Sons

(b) Address Towson, Md.

19 (a) Aug 21 39 (Date rec'd by registrar) (b) W. Carroll Van Horn Registrar

MEDICAL CERTIFICATION

20. Date of death Aug. 20, 1939, at ——M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 1939, to Aug. 20, 1939, and that I last saw him alive on Aug. 20, 1939.

Immediate cause of death	Duration
Carcinomatosis	
Due to Primary Carcinoma of Bile Ducts.	5 mos.
Due to	
Other conditions None.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Exploratory Laparotomy Carcinoma of Bile Ducts.
Of autopsy None.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ——
(b) Date of occurrence ——
(c) Where did injury occur? —— (City or town) —— (County) —— (State)
(d) Did injury occur about home, on farm, industrial place, in public place? —— (Specify type of place) While at work? ——
(e) Means of injury ——

23. Signature Robert H. Sives M. D. or other

Address Cockeysville, Md. Date signed 8/20/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

07819

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town (Rural) Owings Mills, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 35 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town (Rural) Owings Mills Ward No. Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Owings Mills, Md.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Frank Simmons

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1855

8. AGE: Years	Months	Days	If less than one day
84	5	17	hrs. min.

9. Birthplace Carroll County (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Isaac Simmons

13. Birthplace Unknown

MOTHER 14. Maiden name Mary Shipley

15. Birthplace Carroll County

16. Informant Thomas J. Simmons

Address Owings Mills, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 11, 1939 (month) (day) (year)

Cemetery or crematory Providence Cemetery

Location Carroll Co.

18. Funeral director J. F. Eline & Sons

Address Reisterstown, Md.

19. Aug. 10 1939 (Date rec'd by registrar) J. Grant Smith 2nd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9, 1939, at 5.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 8, 1939, to Aug. 9, 1939, and that I last saw him alive on Aug. 9, 1939.

	DURATION
Immediate cause of death	
Pulmonary Edema	2 days -
Due to Myocardial Insufficiency	Unknown
Due to	
Other conditions Arterio-sclerosis	Unknown

(Include pregnancy within 3 months of death)

Major findings:

Of operations None.

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harry G. Butler, M.D.

M. D. or other

Address Owings Mills, Md. Date signed 8/9/39

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (122-b)

Reg. Dist. No. 35-

07820

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Parkville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 44 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Parkville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Hattie B Smith

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mr Smith

6. (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec 1 1866

8. AGE: Years 72 | Months 8 | Days 14 | If less than one day ____hr. ____min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Harry McMonagle
13. Birthplace Md

MOTHER 14. Maiden Name Hattie Jones
15. Birthplace Pa

16 (a) Informant Ella Smith
(b) Address Philadelphia Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17 1939 (month) (day) (year)
(c) Cemetery or crematory Pine Grove
Location Lime Md

18 (a) Funeral director H Harvey Webb
(b) Address Perry Grove Pa

19 (a) Aug 16 1939 (Date rec'd by registrar) (b) Charles L Faulton Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 15 1939, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Aug 15 1939
and that I last saw him alive on Aug 14 1939.

Immediate cause of death	Duration
Intestinal Occlusion	one mo
Due to Gastro Enteritis (fecal vomiting, Great beating of apex of heart. Not due to cancer.)	one wk
Due to Acute Ileus; due to voting at Forge of Cheese. Duration: about	
Other conditions several days.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Grace M Faulton M. D. or other
Address Stewartstown Pa Date signed Aug 16 39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94E)

07821

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Spring Grove State Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 23 yr. - 9 mo. - 14 days
Stay in this community (yrs., or mos., or days) 33 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. unknown
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Annie Sonn

3. (b) Social Security Number

4. Sex Fem.
5. Color or race W.
6. (a) Single, married, widowed, or divorced ?
6 (b) Name of husband or wife Isreal Sonn
6(c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 63 Months ? Days ? If less than one day ___ hrs. ___ min.

9. Birthplace Russia (Town, county, and state)
10. Usual occupation Fish peddler
11. Industry or business
FATHER 12. Name Harry Wernik
13. Birthplace Russia
MOTHER 14. Maiden name Annie ?
15. Birthplace Russia
16. Informant Hosp. records
Address
17. Removal (Burial, cremation, or removal, Which?) Date thereof 8-13-39 (month) (day) (year)
Cemetery or crematory New York City
Location
18. Funeral director Jack Lewis Inc
Address 1439 E Balto St
19. 8/12 1939 (Date rec'd by registrar) H. L. Anderson Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1939, at 5:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.
Immediate cause of death
Due to Coronary Thrombosis
Due to sudden death
Other conditions Inquiry Hospital record
(Include pregnancy within 8 months of death)
Major findings:
Dt operations
Dt autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Geo J McKeffer Deputy Med Examiner
M. D. or other
Address 1010 Leeds Ave Balto
Date signed Aug 12 - 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07822

CERTIFICATE OF DEATH

124-E

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Balto.

City or town: Essex, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Townson Rd

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County:

City or town: Essex, Md Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Townson Rd (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John F. Spangler

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Anna Spangler

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 29, 1869

8. AGE: Years 60 Months 8 Days 1 If less than one day: hrs. min.

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual occupation: Crane Operator

11. Industry or business: Baltimore Locomotive Co

FATHER

12. Name: Lawrence Spangler

13. Birthplace: Germany

MOTHER

14. Maiden name: Elizabeth Will

15. Birthplace: Germany

16. Informant: Victor Mohr

Address: Townson Rd, Essex Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 9/2/39 (month) (day) (year)

Cemetery or crematory: Mt. Carmel

Location: Baltimore, Md

18. Funeral director: Durward D. Conington

Address: 21 W. 25th St

19. Sept. 2 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 30 1939, at 12 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to August 30 1939, and that I last saw him alive on August 28 1939.

Immediate cause of death	DURATION
Esophageal hemorrhage	1 day
Due to Esophageal varices	Unknown
Due to Cirrhosis of liver	1 1/2 yrs.
Other conditions Chronic nephritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: George H. Stein M.D. M. D. or other

Address: Essex, Md. Date signed: 8/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 21 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 33

CERTIFICATE OF DEATH

07823

1. PLACE OF DEATH:

(a) County BALTIMORE

(b) City or town RURAL (REISTERSTOWN)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Mount Pleasant Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-2-19

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3914 Fernhill Ave
(If rural give location)

(e) If foreign born, how long in U. S. A.? 25 years

3 (a) FULL NAME HARRY SPECTOR

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of ~~husband~~ or wife JESSIE SPECTOR

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1906

8. AGE: Years 33 Months 11 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace RUSSIA
(Town, county, and state)

10. Usual occupation CANDY MANUFACTURER

11. Industry or business SAME

FATHER
12. Name MORRIS SPECTOR
13. Birthplace RUSSIA

MOTHER
14. Maiden Name IDA
15. Birthplace RUSSIA

16 (a) Informant JESSIE SPECTOR
(b) Address 3914 Fernhill Av. Balt. md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (month) 24 (day) 39 (year)
(c) Cemetery or crematory Hebrew Cem.
Location Baltimore

18 (a) Funeral director Jack Gwin Inc
(b) Address 1439 E. Baltimore St.

19 (a) Aug. 25, 1939 (Date rec'd by registrar) (b) J. Frank Moffett M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death August 24 1939, at 6.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to Aug 24 1939, and that I last saw him alive on Aug 23 1939.

Immediate cause of death: Chronic Pulmonary Tuberculosis — Duration: unknown

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Lipstein M.D.
M. D. or other

Address Mt. Pleasant. Reisterstown md

Date signed Aug 24, 1939

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07824

Reg. Dist. No. 33

1. PLACE OF DEATH:
County: Baltimore
City or town: Owings Mills, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rosewood State Tr. School
Stay in hospital or inst. (yrs., or mos., or days): 13 yrs 11 mos. 3 days
Stay in this community (yrs., or mos., or days): 13 " 11 " 3 "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2914 Cresmont Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Stephan Stoddard Stone

3. (b) Social Security Number:

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife:
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept. 21, 1911
8. AGE: Years 27 Months 10 Days 13 If less than one day ____ hrs. ____ min.
9. Birthplace: Ridgely, Md (Town, county, and state)
10. Usual occupation: Inmate, Rosewood
11. Industry or business:
FATHER
12. Name: Stephan S. Stone
13. Birthplace: Mass.
MOTHER
14. Maiden name: Katherine Wheatley
15. Birthplace: Maryland
16. Informant: Institutional records
Address: Owings Mills, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 5, 1939 (month) (day) (year)
Cemetery or crematory: Cathedral
Location: Baltimore, Md.
18. Funeral director: H. W. Mears & Son
Address: 805 N. Calvert St. Balt. Md.
19. Aug. 4 1939 (Date rec'd by registrar) J. Frank Mitchell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 3, 1939, at 7 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1939, to Aug 3 1939, and that I last saw him alive on Aug 3, 1939.
Immediate cause of death: Tuberculous meningitis — DURATION: 3 days
Due to: Pathological Fracture of the vertebrae (Pott's Disease)
Due to: with complicating compression of the Spinal Cord — 3½ mos
Other conditions: Idiopathic Epilepsy — cong.
(Include pregnancy within 3 months of death)
Major findings:
Of operations: Pathological Fracture with compression of cord
Of autopsy: no autopsy made

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: Harry G. Butler, M.D. M. D. or other
Address: Owings Mills, Md. Date signed: 8/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

07825

Reg. Dist. No. 30

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Spring Grove State Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 9 yr. 10 mon, 1 da.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Harford

City or town Fallston Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Peter J. Mahaney.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	W.	Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 55 | Months 7 | Days 7 | If less than one day hrs. min.

9. Birthplace Fallston, Harford Co. Md. (Town, county, and state)

10. Usual occupation Book Keeper.

11. Industry or business

FATHER 12. Name Michael Mahaney.

13. Birthplace Ireland

MOTHER 14. Maiden name Mary Burns

15. Birthplace Fallston, Md.

16. Informant Hosp. records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-18-39 (month) (day) (year)

Cemetery or crematory Spring Grove State Hosp.

Location Baltimore Md.

18. Funeral director Spring Grove State Hosp.

Address Catonsville Md.

19. 8/18/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1939, at 1:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1939, to Aug 16 1939, and that I last saw him alive on Aug. 16 1939.

Immediate cause of death	DURATION
Broncho Pneumonia	One day
Due to Appendicial abscess	Indef.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Appendicial Abscess

Of autopsy As above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert L. Gardner M.D. M. D. or other

Address Spring Grove State Hosp. Date signed 8/17/39

Catonsville Md.

RECEIVED
SEP 1 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07826

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Mt Carmel
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Mt Carmel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Harry R. Thompson

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife: ~

6(c) If alive, give age: ~ years

7. Birth date of deceased (mo., day, yr.): Feb 12 - 1939

8. AGE:

Years	Months	Days	If less than one day
~	6	19	hrs. min.

9. Birthplace: Mt Carmel, Baltimore Md
(Town, county, and state)

10. Usual occupation: ~

11. Industry or business: ~

FATHER
12. Name: E. Warfield Thompson
13. Birthplace: Maryland

MOTHER
14. Maiden name: Alice V. Bull
15. Birthplace: Maryland

16. Informant: E. Warfield Thompson
Address: Parkton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 1-39 (month) (day) (year)
Cemetery or crematory: Mt Carmel
Location: Mt Carmel Md

18. Funeral director: Edw. D. Tipton
Address: Hampstead Md

19. August 31 1939 (Date rec'd by registrar) Eugene F. Alban Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 31 1939, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27 1939, to Aug 31 1939, and that I last saw him alive on Aug 30 1939.

Immediate cause of death: Bacillary Dysentery — DURATION: 5 days

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Milton Bortus M. D.
M. D. or other
Address: White Hall — Date signed: Aug. 31, 39

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (50)

Reg. Dist. No. 39

07827

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Phoenix
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 14 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Phoenix
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Margaret G. Trumbaugh

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Wm. Trumbaugh

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1875

8. AGE: Years 63 | Months 8 | Days 12 | If less than one day — hr. — min.

9. Birthplace Harford Co., Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Conrad Gunther
13. Birthplace Germany

MOTHER
14. Maiden Name Julia Stengel
15. Birthplace Baltimore Md.

16 (a) Informant Wm. Gunther
(b) Address Phoenix, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 1939 (month) (day) (year)
(c) Cemetery or crematory Trinity
Location Long Green

18 (a) Funeral director Landon M. Brooks
(b) Address Sparks, Md.

19 (a) Aug. 18 1939 (Date rec'd by registrar) (b) Emma Price Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 17 1939, at 1:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1936, to Aug 17, 1939, and that I last saw her alive on Aug 16 1939.

	Duration
Immediate cause of death Carcinoma, right breast with metastasis (to liver etc)	1 yr ±
Due to	
Due to	
Other conditions Heart disease, myocarditis, chronic (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations Carcinoma, right breast June 5, 1939.
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rollin L. Hudson M.D.
M. D. or other

Address Towson, Md Date signed 8/17/39.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2 1939
MILWAUKEE, WIS.

07828

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(210-m)

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County

City or town Bradshaw

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Phil Road

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State — County —

City or town — Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Unknown

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: —

6 (b) Name of husband or wife —

~~6(c) If alive, give age~~ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: about 50 Unknown | Months | Days | If less than one day: hrs. min.

9. Birthplace —
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden name —
15. Birthplace —

16. Informant State Police

Address Benson Rule Station

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Aug 4-39 (month) (day) (year)

Cemetery or crematory Texas Alms House

Location Texas, Md.

18. Funeral director John G. Connelly

Address Essex, Md.

19. Aug 4th 1939 John G. Connelly
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2nd 1939, 6 pm about

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from

19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Struck by Auto killed instantly fractured skull

Due to other broken bones

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Auto Date of Aug 2-39

Where did injury occur? Bradshaw (City or town) Balto (County) Md (State)

Injured at ~~home, farm, industry, public place (where?)~~ on road

Means of injury Auto accident Injured at work? no

23. SIGNATURE W. P. E. Mise Dept P.M. Ex
M. D. or other

Address Pikesville Md Date signed 8-2-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07829

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 1 Rolling Road St., Ward

(If death occurred in a horpital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurrad 2 yrs. mos. ds. How long in U. S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME John J. Walsh

(a) Residence: No. 1 Rolling Road, Catonsville St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of M. Katie Holden

6. DATE OF BIRTH (month, day, and year) October 16, 1857

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
81	10	3	

OCCUPATION

8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Oate deceased last worked at this occupation (month and yaar)

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

FATHER

13. NAME James Walsh

14. BIRTHPLACE (city or town) ---

(State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Molloy

16. BIRTHPLACE (city or town) ---

(State or country) Ireland

17. INFORMANT James P. Walsh

(Address) 606 Nottingham Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 8/23, 39

19. UNDERTAKER Henry U. Meaks my Son

(Address) 805 N. Eutaw St.

20. FILED 8/21, 39 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 19th (Day), 193 9 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 39, to Aug 19, 39

I last saw h-- alive on Aug 19, 39; death is said to have occurred on the data stated above, at 7.25 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Oate of onset
Broncho Pneumonia	8-16

Other **Contributory Causes** of importanca:

Arterio Sclerosis	10 yrs
Hypertrophied Prostate	20 yrs.

Name of operation None Oate of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? Date of injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disease or injury in eny way related to occupation of deceased? No

If so, specify

(Signed) James J. Stowell M. D.

(Address) Catonsville Md.

If more blanks are needed, addrass State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07830

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Maple Grove Nursing Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2505 W North ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Chrissy Mahler Walter

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife William Walter (Dead)

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 8th 1859

8. AGE: Years 79 Months 10 Days 4 If less than one day — hrs. — min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual occupation Sales Lady

11. Industry or business Department Store

FATHER
12. Name Christian Mahler
13. Birthplace Germany

MOTHER
14. Maiden name Elease Mahler
15. Birthplace Germany

16. Informant Virginia Foster

Address 3514 Clifton ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/13/39 (month) (day) (year)

Cemetery or crematory Loudon Park

Location Frederick Road

18. Funeral director Wm Cook

Address

19. 8/12 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12th 1939, at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18th 1938, to Aug 12 1939, and that I last saw her alive on Aug 11th 8 P M 1939.

Immediate cause of death: Chronic Endocarditis Decompensation — DURATION: 1 yr 6 months

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE W Garrison Marks M. D. or other

Address Montgomery Road Ellicott City Md Date signed 8/12/39

[signature] Deputy Local Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 16 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 37

CERTIFICATE OF DEATH

07831

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Cockeysville Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
Masonic Home of Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in this community (yrs., mos., or days) 1 day

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County
(c) City or town Annapolis Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 91 Market St Annapolis Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary R. Wilson

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married,~~ ~~widowed~~, or divorced.

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27 1875

8. AGE: Years 64 | Months 3 | Days 7 | If less than one day hr. min.

9. Birthplace Annapolis, Md
(Town, county, and state)

10. Usual occupation Housekeeper in own home

11. Industry or business

FATHER
12. Name Charles A. Wilson
13. Birthplace Annapolis Md

MOTHER
14. Maiden Name Mary Frances Jones
15. Birthplace Cambridge Md.

16 (a) Informant Laura M. Schroeder
(b) Address Masonic Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5-39 (month) (day) (year)
(c) Cemetery or crematory St. Anns Annapolis Md
Location

18 (a) Funeral director Geo. L. Beyer
(b) Address 15-12 Holland St

19 (a) Aug. 4-39 (Date rec'd by registrar) (b) Laura M. Schroeder Registrar
Wilmot C. Ensor, M.D. Registrar.

MEDICAL CERTIFICATION

20. Date of death Aug 3 1939 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1939, to Aug 3 1939 and that I last saw him alive on Aug 3 1939.

	Duration
Immediate cause of death URAEMIA	3 DAYS
Due to ARTERIO-SCLEROTIC CARDIO-VASCULAR-RENAL DISEASE	4 YEARS
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cauaes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo Schochet M. D. or other
Address Cockeysville Md Date signed Aug 3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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SEP 2 1939
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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (186a)

Reg. Dist. No. 35

07832

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Parkton
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George G Winemiller

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Hattie Winemiller

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Nov 12 1866

8. AGE: Years 72 Months 9 Days 5 If less than one day ____ hr. ____ min.

9. Birthplace Parkton Md
(Town, county, and state)

10. Usual occupation Retired Miller

11. Industry or business Flour Mill

FATHER
12. Name Joseph Winemiller
13. Birthplace Md

MOTHER
14. Maiden Name Sophia Bonnon
15. Birthplace Md

16 (a) Informant ~~Sophia~~ Hattie Winemiller
(b) Address Parkton Md

17 (a) Wood Liberty (Burial, cremation, or removal) (b) Date thereof Aug 21 1939 (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director W Howard Webb

(b) Address Fairmount Pa

19 (a) Aug 17 39 (Date rec'd by registrar) (b) Charles L Fulton Dep Local Registrar

MEDICAL CERTIFICATION

20. Date of death Aug 17 1939 at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939, to Aug 17 1939, and that I last saw him alive on Apr 17 1939.

Immediate cause of death Concussion of Brain

Due to Fall on Cement

Due to Paralysis Agitans

Other conditions Chronic Interstitial Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence

(c) Where did injury occur? Aug 14th at home (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? at home (Specify type of place) While at work? no

(e) Means of injury Head struck edge of cement walk

23. Signature Evans M Free MD
M. D. or other

Address Stewartstown Pa Date signed Aug 18 39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-e)

07833

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:

County Baltimore

City or town Near Boring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Balto.

City or town Near Boring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR Yes

3. (a) FULL NAME Elizabeth Wirts

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ~~or wife~~ Samuel B Wirts

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 - 1854

8. AGE: Years 84 Months 11 Days 17 If less than one day hrs. min.

9. Birthplace Maryland · Balto Co.
(Town, county, and state)

10. Usual occupation None.

11. Industry or business

FATHER
12. Name George Foster
13. Birthplace Maryland

MOTHER
14. Maiden name Belinda Plowman
15. Birthplace Maryland

16. Informant Mrs Odin Walters

Address Reisterstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 7/39 (month) (day) (year)

Cemetery or crematory St Paul's

Location Arcadia Md.

18. Funeral director Edward C Gipton

Address Hampstead Md

19. Aug. 31 1939 (Date rec'd by registrar) J. Frank Willemsen Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30th 1939, at 11 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Myocarditis Chronic

DURATION 2 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Yes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Frank Willemsen M.D. or other

Address Reisterstown Date signed 8/31/39

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SEP 5 1939
BUREAU V. S.